



Shoreview Administration  
4600 Victoria Street North  
Shoreview, Minnesota 55126  
651-490-4600 | shoreviewmn.gov

# Fireworks Sales Application

## Applicant information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ Issuing state: \_\_\_\_\_

## Business information

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone number: \_\_\_\_\_

FEIN, MN Tax ID, or SSN: \_\_\_\_\_

## Property information

Address where fireworks will be stored and sold: \_\_\_\_\_

Legal description of property: \_\_\_\_\_

\_\_\_\_\_

Property owner name: \_\_\_\_\_

Property owner address: \_\_\_\_\_

Property owner phone number: \_\_\_\_\_

Type of business conducted and types of goods sold and stored at premises:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Shoreview Administration  
4600 Victoria Street North  
Shoreview, Minnesota 55126  
651-490-4600 | shoreviewmn.gov

The following items must be attached and submitted with this application:

- A property line map of premises showing:
  - Gross site area
  - Property dimensions
  - Existing structures on property, including parking area
  - Structure setbacks
- Floor plan of premises showing:
  - Places of storage and display of fireworks
  - Type and capacity of required fire extinguishers
  - Sprinkler heads
  - Building exits
- Net or gross quantity of explosive material to be kept on premises
- Certificate of insurance showing liability insurance and demonstrating that the insurer has been notified explosive material will be stored on premises
- Copy of lease, if applicant is not the property owner
- Non-refundable application fee of \$100

By signing this application, I swear:

- All the information above is true to the best of my knowledge
- I am at least 18 years old
- I have received a copy of Section 707 of the Shoreview City Code
- I understand the conditions set forth to store and sell fireworks

---

Signature of applicant

---

Date

---

### For office use

\_\_\_\_ Received \$100 application fee

\_\_\_\_ Received property line map

\_\_\_\_ Received floor plan showing places of storage and display of fireworks

\_\_\_\_ Received floor plan showing location, type, and capacity of sprinklers and fire extinguishers

\_\_\_\_ Quantity of explosive materials

\_\_\_\_ Received proof of insurance

\_\_\_\_ Received copy of lease

\_\_\_\_ Approval of fire department



Shoreview Administration  
4600 Victoria Street North  
Shoreview, Minnesota 55126  
651-490-4600 | shoreviewmn.gov

**Consent for the release of information in accordance with MSA 13.05, subd. 4(d)**

I, \_\_\_\_\_, authorize the Ramsey County Sheriff's Office to release criminal history data, as defined by Minnesota Statute 13.87, subd. 1 and driver's license and traffic record data to the Deputy Clerk for the City of Shoreview. I understand that some of this data may be classified as private data under Minnesota statutes and I hereby give my informed consent to the release of that private data by the Ramsey County Sheriff's Office to the deputy clerk for the City of Shoreview.

This consent for the release of data is for the purpose of obtaining a permit or license with the City of Shoreview. This information cannot be used for any other purposes.

This authorization may be revoked in writing by me at any time and in no event will it be valid for more than one year from the date below.

\_\_\_\_\_  
Signature of individual authorizing release      Date

**Applicant information:**

Full name: \_\_\_\_\_

Other names you have had or are known by (maiden name, names from previous marriages, or aliases): \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ Issuing state: \_\_\_\_\_

I certify that all statements by me on this form are true and complete. I understand that any false statements or omissions on this form shall be sufficient cause for rejecting my license.

I hereby authorize the City of Shoreview to use this information to determine my suitability for obtaining a license.

\_\_\_\_\_  
Signature of applicant      Date