
Have you submitted . . .

- Completed Consumer Fireworks License Application
- License Fee
- Copy of NFPA Standard 1124 – 2003 Edition, if applicable
- Proof of Workers' Compensation Insurance Coverage Form (required for Permanent Structure only)
- Minnesota Business Tax Identification Number Form (required for Permanent Structure only)

Questions . . .

To obtain a consumer fireworks license application or for more information, please call:

Deputy City Clerk

(763) 569-3308

Monday – Friday

8:00 a.m. – 4:30 p.m.



6301 Shingle Creek Parkway
Brooklyn Center, MN 55430-2199
Telephone (763) 569-3300
TTY/Voice 711
Fax (763) 569-3494
www.cityofbrooklyncenter.org

Consumer Fireworks License Procedures

Revised 10/17

City of Brooklyn Center

License Requirements

The City of Brooklyn Center requires the licensing of the sale and use of consumer fireworks as defined in Section 19-403 of its Ordinance. It is unlawful to sell consumer fireworks without a valid license by the City.

Please complete or provide the following:

- **License Application** –completed application for each location
- **License Fees** - \$100 for Permanent and \$350 for Temporary (checks made payable to the City of Brooklyn Center)
- Copy of NFPA Standard 1124 – 2003 Edition, if applicable
- Written authorization of the property owner for your use of the property, if applicable

If application is for **Permanent Structure**, also include the following:

- **Proof of Workers' Compensation Insurance Coverage Form** – completed form as required by Minnesota Statute Section 176.182
- **Minnesota Business Tax Identification Number** – completed form as required by Minnesota Statute Section 270.72

Consumer Fireworks Defined. The term “consumer fireworks” means wire or wood sparklers of not more than 100 grams of mixture per item, other sparkling items that are nonexplosive and nonaerial and contain 75 grams or less of chemical mixture per tube or a total of 500 grams or less for multiple tubes, snakes and glow worms, smoke devices, or trick noisemakers, which include party streamers, party poppers, string poppers, snappers, and drop pops, each consisting of not more than twenty-five hundredths grains of explosive mixture.

Conditions on License.

- Consumer fireworks shall not be sold to persons younger than 18 years of age. The age of a purchaser must be verified by photographic identification.
- Consumer fireworks shall only be stored and sold in those areas or zones within the City where commercial or industrial activities are authorized under the applicable zoning laws of the City.
- Consumer fireworks shall only be stored in and/or sold from buildings or retail stands that comply with National Fire Protection Association Standard 1124 (2003 edition) as required under Minn. Stat. § 624.20(d) (2).
- The license must be publicly displayed on the licensed premises.
- The premises are subject to inspection by City employees during normal business hours.
- The applicant must be at least 18 years of age.
- The applicant shall not have had a license to sell fireworks revoked within the last three years.
- The premises must be in compliance with the State Building Code and State Fire Code.
- The license is non-transferable, either to a different person or location.

License Approval

Upon the City Clerk’s receipt of a completed consumer fireworks license application, appropriate license fee, copy of NFPA Standard 1124 – 2003 Edition, Proof of Workers’ Compensation Insurance Coverage form, and Minnesota Business Tax Identification Number form, the licensed location will be inspected. If the conditions for the license approval are satisfied and the location is properly zoned*, a license will be issued.

All licenses will be issued for a calendar year and cannot be prorated.

*NOTE: The applicant for the sale of consumer fireworks in a temporary stand may need to apply for an Administrative Land Use Permit from the Business & Development Department to meet applicable zoning laws and requirements. For more information, contact Business & Development at (763) 569-3335.

License Application

Consumer Fireworks – Permanent Structure

This application is for retailers selling fireworks and other items within a permanent structure

Annual Expiration: December 31
Annual Fee: \$100/location
License fees are not prorated.

TO THE HONORABLE CITY COUNCIL:

Date: _____

OWNER (APPLICANT)

Name: _____

Address: _____
(Street Address, City, State, and Zip)

Telephone Number: _____ Is applicant at least 18 years of age? **Yes** **No**

Has applicant had a license to sell fireworks revoked within the last three years? **Yes** **No**

Is the applicant in compliance with NFPA Standard 1124 – 2003 edition? **Yes** **No (exempt)**

VENDOR (SUPPLIER OF FIREWORKS)

Name: _____

Address: _____
(Street Address, City, State, and Zip)

Telephone Number: _____

The undersigned hereby applies for a consumer fireworks license and acknowledges receipt of a copy of City Ordinance Section 19-403 and agrees to comply at all times with all laws, ordinances, or regulations applicable whether they be Federal, State, County, or Municipal. Submitted with this application is a copy of NFPA Standard 1124 (2003 edition), proof of workers' compensation insurance coverage form, and Minnesota business tax identification number form. Information is collected to determine eligibility for license. Failure to provide information requested may result in denial of application.

_____, being first duly sworn, upon his/her oath deposes and says that he/she is the person who has executed the foregoing application and that the statements made therein are true of his/her own knowledge and belief.

Signature of Applicant _____

Subscribed and sworn to before me this _____ day of _____

Notary Public _____

County _____ My Commission expires _____

License Application Consumer Fireworks – Temporary Stand

This application is for retailers that sell only fireworks in/at a temporary stand

Annual Expiration: December 31
Annual Fee: \$350/location
License fees are not prorated.

TO THE HONORABLE CITY COUNCIL:

Date: _____

OWNER (APPLICANT)

Name: _____

Address: _____
(Street Address, City, State, and Zip)

Telephone Number: _____ Is applicant at least 18 years of age? **Yes** **No**
Has applicant had a license to sell fireworks revoked within the last three years? **Yes** **No**
Is the applicant in compliance with NFPA Standard 1124 – 2003 edition? **Yes** **No (exempt)**
(If yes, applicant must provide copy of NFPA Standard 1124 – 2003 edition with application.)

DATES/TIMES FIREWORKS WILL BE SOLD: _____

LOCATION AND ADDRESS FIREWORKS WILL BE SOLD

(If the applicant does not own the business premises, a true and correct copy of the current, executed lease, as well as the written authorization of the property owner for the applicant’s use of the property for the sale of consumer fireworks must be included with this application. Applicant must be in compliance with zoning laws and may need an administrative land use permit from the Community Development Department.)

TYPE OF CONSUMER FIREWORKS TO BE SOLD AND ESTIMATED QUANTITY OF CONSUMER FIREWORKS TO BE STORED AT LICENSED LOCATION

The undersigned hereby applies for a consumer fireworks license and acknowledges receipt of a copy of City Ordinance Section 19-403 and agrees to comply at all times with all laws, ordinances, or regulations applicable whether they be Federal, State, County, or Municipal. Submitted with this application is a copy of NFPA Standard 1124 (2003 edition). Information is collected to determine eligibility for license. Failure to provide information requested may result in denial of application.

_____, being first duly sworn, upon his/her oath deposes and says that he/she is the person who has executed the foregoing application and that the statements made therein are true of his/her own knowledge and belief.

Signature of Applicant _____

Subscribed and sworn to before me this _____ day of _____

Notary Public _____
County _____ My Commission expires _____

City of Brooklyn Center
MINNESOTA BUSINESS TAX IDENTIFICATION NUMBER

Pursuant to Minnesota Statute 270C.72, Tax Clearance; Issuance of Licenses, the City of Brooklyn Center is required to provide to the Minnesota Commissioner of Revenue your Minnesota business identification number and the social security number of each license applicant. **Applicant** means an individual, if the license is issued to or in the name of an individual, or the corporation or partnership, if the license is issued to or in the name of a corporation or partnership. **Applicant** also means an officer of a corporation, a member of a partnership, or an individual who is liable for delinquent taxes, either for the entity for which the license is at issue or for another entity for which the liability was incurred, or personally as a licensee. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the City of Brooklyn Center. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

X License being applied for or renewed: _____

X License renewal date: _____

X **INDIVIDUAL INFORMATION (includes corporate officer or partner) Please Print:**

Applicant's Name: _____

Applicant's Address: _____

(Address, City, State, and Zip)

Social Security Number: _____

X **BUSINESS INFORMATION Please Print:**

Business Name: _____

Contact Person: _____

Business Address: _____

(Address, City, State, and Zip)

If a Minnesota Tax Identification Number is not required, please explain on the reverse side.

X Federal Tax Identification Number: _____

X Minnesota Tax Identification Number: _____

X _____
Signature Position (Officer, Partner, etc.) Date

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

- I have no employees.
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____
- Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.