



Mitchell Dept. of Public Safety
Fire Prevention Division
Pyrotechnics or Open
Flame Permit Application

Insurance Liability Certificate on file: _____

Permit No. _____ App. _____ Date: _____

Receipt No. _____ Issue: _____ Date: _____

Fee: \$ 50.00 Approved By: _____

Applicant's Information

Name/Business: All Star Fireworks
 Address: 2675 W Havens Ave
 Mitchell, SD 57301
 Phone No.: 605-999-8882

Person in Charge of Display

Name/Business: Jennifer Starr
 Address: 4905 S Graystone Ave Unit 5
 City: Sioux Falls State: SD Zip 57108
 Phone No.: 605-999-8882

Discharge Location

Name/Business: Joe Quintal Field
 Address: 501 E 11th Ave
 Mitchell, SD 57301
 Phone No.: 605-995-3034

Description of Activity (in detail)

"C" Display After the Kernel Bowl
Donated by All Star Fireworks

Pyrotechnics Open Flame

Insurance Company

Name: Ryder Rosacker
 Address: 509 W Koernig St
 City: Grand Island State: NE Zip 68801
 Phone No.: 308-382-2330

Date and Time of Display

Start Date and Time: 9/11/21 10 min. display
 Finish Date and Time: after the game

PLEASE PRINT NEATLY

Type of Display

Aerial Show With Class C/Division 1.4 With Class B/Division 1.3
 Ground Display With Class C/Division 1.4 With Class B/Division 1.3

Outdoor (see note below)
Indoors

Film or Stage Use Concert Public Show Private Show
 Film or Stage Use Concert Public Show Private Show

NOTICE

To help prevent confusion with citizens calling for emergency services during the time of outside pyrotechnic (fireworks) display, please call The Mitchell Department of Public Safety nonemergency number (605-995-8400) and inform them that you have a permit to discharge fireworks and state the time, location of discharge, and permit number. The permitted work as described herein shall meet the current requirements of the fire code.

Outdoor Displays

In accordance with City of Mitchell fire code, standby personnel and equipment may be required based on potential fire conditions and weather conditions both prior to and on the day of display/discharge. Should standby be deemed necessary, cost associated with standby will be billed to, and shall be paid by, the permittee. The Mitchell Department of Public Safety reserves the right to cancel permits based on fire potential, given determining factors such as atmospheric and foliage conditions.

NO WORK, DISPLAY, OR DISCHARGE SHALL COMMENCE WITHOUT A VALID PERMIT ISSUED BY FIRE PREVENTION DIVISION.

Applicant

I, the undersigned, do hereby affirm that the statements contained on this form are true and correct. I further agree to comply with the provisions of applicable ordinances of the City of Mitchell and all other requirements of this application. In addition, it is understood that the installation of permitted items shall be made only by persons properly trained and qualified to install and discharge the specific items being provided. The installer certifies to this authority that the installation and discharge is in complete agreement with the terms of the listing and manufacturer's instructions and/or approved requirements.

Furthermore, I accept responsibility for costs associated with standby personnel and equipment, when required, that may be needed to conduct the display as noted on this permit application.

Signature: Jennifer Starr

Name (print): Jennifer Starr

Title: President

Representing: All Star Fireworks

Dated this _____ day of _____, 20____. Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____.
 Notary Public: _____ My Commission Expires: _____