

Open Flame Decorative Devices Permit Application



<u>Event Information</u>	
Location: _____	
Name of Event: _____	
Event Date: _____	Time: _____
(Application must be received 21 days prior to event)	
Number of Persons Attending: _____	
Event Description: _____ _____	

<u>Applicant Information</u> (Provide all applicable information)			
Name/DBA: _____			
Address: _____			
Street	City	Type	ZIP
Telephone: _____		Type _____	
Telephone: _____		Type _____	
Email: _____			
<u>C. Description of Open Flame Decorative Device Use (attach color photograph and plans of proposed arrangements/decorative devices/holders, including dimensions)</u> _____ _____			

Permit fee: \$55 Please return a signed copy of this application and a check for the required fee to: Rochester Fire Department 201 Fourth Street SE, Room 10, Rochester, MN 55904

ALL APPLICANTS - READ AND SIGN - ALL INFORMATION IS SUBJECT TO VERIFICATION
I have read this application and know the contents thereof and attest that the same is true and correct. I further acknowledge that the City of Rochester has adopted the Fire Code, and the amendments thereof, and use of the permit being applied for will conform to accepted standards.

Signature Date

For Department Use: Application received by: _____ Date: _____ Approved by: _____	
Permit Number issued: _____ Date Issued: _____	