



# Open Flame Decorative Devices Permit Application

**Event Information**

Location: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Event Date: \_\_\_\_\_ Time: \_\_\_\_\_

**(Application must be received 21 days prior to event)**

Number of Persons Attending: \_\_\_\_\_

Event Description:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Applicant Information** (Provide all applicable information)

Name/DBA: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City ZIP

Telephone: \_\_\_\_\_ Type \_\_\_\_\_

Telephone: \_\_\_\_\_ Type \_\_\_\_\_

Email: \_\_\_\_\_

**C. Description of Open Flame Decorative Device Use (attach color photograph and plans of proposed arrangements/decorative devices/holders, including dimensions)**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Application Fee: \$75 Permit fee: \$75 TOTAL FEE: \$150** Please return a signed copy of this application and a check for the required fee to: **Rochester Fire Department**  
 201 Fourth Street SE, 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: \_\_\_\_\_