



STATEMENT OF PURPOSE

American Promotional Events dba TNT Fireworks is submitting for approval for the attached application.

Location address: 15807 Audubon Way, Baxter, MN 56425

The purpose is to sell Minnesota State approved fireworks in a temporary tent from, approximately, June 20th 2022 - July 5th 2022. The tent will be erected about three days prior to the sale and removed within two to five days of completion of the sale. The hours of operation will be from 8am-10pm, or as dictated by local location ordinances.

There will be two fire extinguishers readily accessible. "No Smoking," age limit signs, as well as "No Discharging Fireworks within 300ft" signs will be posted and enforced. There will be a minimum of two people onsite at all times and the product will be secured 24/7 to ensure safety.

If you have any questions, please do not hesitate to call me at 256-740-6158.

Sincerely,

A handwritten signature in black ink that reads "Virginia Hightower". The signature is written in a cursive style.

Virginia Hightower

Permitting Coordinator

hightowerv@tntfireworks.com



CITY OF BAXTER LAND USE APPLICATION FORM

For Internal Use Only

Project # _____
Fees Paid: \$ _____
Escrow Paid \$ _____
Receipt # _____
Escrow Code _____

Type of Application (check all that apply)

- | | |
|------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Architectural Review | <input type="checkbox"/> Final Plat |
| <input checked="" type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Vacation (Street/Easements) |
| <input type="checkbox"/> Interim Use Permit | <input type="checkbox"/> Comprehensive Plan Amendment |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Zoning/Subdivision Ordinance Amendment |
| <input type="checkbox"/> Sketch Plan Review | <input type="checkbox"/> Shore Land Alteration Permit |
| <input type="checkbox"/> Administrative Subdivision | <input type="checkbox"/> Other |
| <input type="checkbox"/> Preliminary Plat | |

Project Name or Description: TNT FIREWORKS TEMPORARY SALE OF MN LEGAL FIREWORKS FOR A TWO WEEK PERIOD (06.19 - 07.06). INTERIM USE PERMIT FOR FIREWORKS SALES IN PARKING LOT.

Property Information

Address: 15807 AUDUBON WAY, BAXTER, MN 56425 PID Number: _____
Legal Description (attach if necessary): _____

Applicant Information

Name: TNT FIREWORKS
Address: 4003 HELTON DRIVE, FLORENCE, AL 35630
Street City State Zip
Phone (W): 256.764.6131 Phone (H): _____ Fax: _____
Print or Type Name: JACOB QUAM Email Address: QUAMJ@TNTFIREWORKS.COM
Contact Person Name (If other than applicant): JACOB QUAM
Phone: 612.263.4666 Address: _____

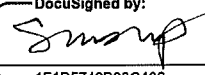
Owner Information

Name: WESTSIDE LIQUOR - SARAH HOLLENKAMP
Address: 2151 MORNINGSIDED DRIVE NE, SAINT CLOUD, MN 56304
Street City State Zip
Phone (W): 320.761.5737 Phone (H): _____ Fax: _____
Print or Type Name: SARAH HOLLENKAMP Email Address: SHOOLENKAMP@WESTSIDELIQUOR.COM

If this permit is granted, I hereby certify that all work will be done as stated herein and in accordance with all applicable laws and ordinances of the State of Minnesota and the City of Baxter.

DocuSigned by:

Applicant's Signature _____ Date 4/28/2022
Applicant's Printed Name JACOB GUAM

DocuSigned by:

Owner's Signature _____ Date 5/3/2022
Owner's Printed Name SARAH HOLLENKAMP



For Internal Use Only

Permit Fee: \$ _____

Receipt # _____

TEMPORARY STRUCTURE PERMIT APPLICATION

Property Information

Address 15807 AUDOBON WAY, BAXTER, MN 56425 PID Number _____

Legal Description (required if no address have been assigned) _____

Applicant is (check one): Owner Tenant

Contractor; MN Registration #/Contractor # _____ Other _____

Owner Information

Name: WEST SIDE LIQUOR

Address: 15807 AUDOBON WAY, BAXTER, MN, 56425
Street City State Zip

Phone (W) 612.263.4666 Phone (H) _____ Fax _____

Applicant Information

Name: TNT FIREWORKS

Address: 515 MCKNIGHT ROAD S, SAINT PAUL, MN 55119
Street City State Zip

Phone (W) _____ Phone (H) _____ Fax _____

Project Description

RETAIL SALE OF MN APPROVED FIREWORKS

Is a special use permit required? Yes No

Proposed Dates of use: 06.20 - 07.05 Proposed Size of Structure (dimensions) _____

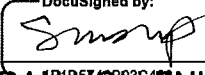
Is a tent or membrane structure over 200 sq. ft. proposed? Yes No If Yes, what size? _____ X _____ sq. ft.

Is a canopy over 400 sq. ft. proposed? Yes No If Yes, what size? _____ X _____ sq. ft.

Tents, membrane structures and canopies are subject to Chapter 24 of the International Fire Code, including providing a flame propagation performance treatment certificate to the Building Official with this application and ensuring that the label identifying the size and fabric or material is affixed to the tent, canopy or structure.

Applicant must submit site plan and aerial photo with proposed location.

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

DocuSigned by:

B1B51C883C41E
AD5DD8BC5434FE

Owner's Signature _____ Date 5/3/2022

Owners' Printed Name SARAH ELLENKAMP

Applicant's Signature _____ Date 4/28/2022

Applicant's Printed Name JACOB QUAM

Inspections must be called for at least 24 hours in advance (218) 454-5113.

OWNER AFFIDAVIT

(owner must complete and return to the City of Baxter Building Department)

Address _____ PID Number _____

Legal Description (required if no address have been assigned)

We, the undersigned, being first duly sworn, on oath depose and state based on personal knowledge as follows, to-wit:

1. That we are all of the fee owners of the said real estate, or if all of the owners have not personally signed this affidavit below, then a valid power of attorney, conservator or person acting with proper authority as demonstrated by an attached court order for each said person has signed below on their behalf.
2. That we authorize the building permit application submitted on _____ (date) to the City of Baxter for changes, alterations, new building and/or additions to the above listed property.
3. That we have knowledge of the permit application design and/or changes to the said property and approve such work being done on the property.
4. That all information contained in the attached building permit application submitted herewith is true and correct.

OWNER(S)

(All owners or those with proper authority as described above)

Please sign on the left side and print your name on the right. All signatures must be notarized. (**If this paper is not signed, your application will be considered incomplete.)

SIGNATURE

PRINTED NAME

[Handwritten Signature]

Sarah Hollenkamp

STATE OF MINNESOTA)

):ss

COUNTY OF CROW WING)

On this 11 day of May, 2022, before me, a Notary Public within and for said County, personally appeared Sarah Hollenkamp executed the foregoing instrument as their free act and deed.

[Handwritten Signature]

Notary Seal



Notary Public



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/1/2022

1/17/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

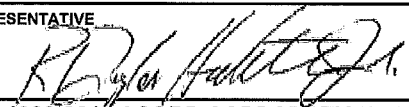
PRODUCER Lockton Companies 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE	
INSURED 1359629 American Promotional Events, Inc. DBA TNT Fireworks, Inc. P.O. Box 1318 4511 Helton Drive Florence AL 35630	INSURER A: Everest Indemnity Insurance Company NAIC # 10851	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 12145772 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER: _____	Y	N	SI8GL00242-211	11/1/2021	11/1/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident)	\$ XXXXXXXX
							BODILY INJURY (Per person)	\$ XXXXXXXX
							BODILY INJURY (Per accident)	\$ XXXXXXXX
							PROPERTY DAMAGE (Per accident)	\$ XXXXXXXX
								\$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____			NOT APPLICABLE			EACH OCCURRENCE	\$ XXXXXXXX
							AGGREGATE	\$ XXXXXXXX
								\$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	NOT APPLICABLE			PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ XXXXXXXX
							E.L. DISEASE - EA EMPLOYEE	\$ XXXXXXXX
							E.L. DISEASE - POLICY LIMIT	\$ XXXXXXXX

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.
 Additional Insured: Property located at FMN1722 at Westside Liquor parking lot - 15807 Audubon Way in Baxter, MN 56425. Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

CERTIFICATE HOLDER 12145772 Westside Liquor Baxter 15807 Audubon Way Baxter MN 56425	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Audubon

Audubon Way

Westside Liquor
of Baxter

TENT 30X30

Google

Lake Forest Rd

Lake Forest Rd

FMN1722
WEST SIDE LIQUOR
15807 AUDUBON WAY
BAXTER, MN 56425

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