



BEMIDJI FIRE DEPARTMENT
318 5th Street NW, Bemidji, MN 56601
Phone: 218-751-8001
**Special Amusement/Haunted House
Application**

OFFICE USE ONLY Permit No: _____ Issue Date: _____

APPLICATION MUST BE SUBMITTED 30 DAYS PRIOR TO EVENT

Property Information:

Building Address _____

Date(s) of Event _____

Time(s) of Event _____

Name of Applicant/Organization _____

Name of Responsible Person/Applicant _____

Mailing Address of Applicant/Organization _____

Email of Applicant/Organization _____

You must provide two contact numbers for individuals that can be reached on premises:

Contact #1 Name _____ Phone Number _____

Contact #2 Name _____ Phone Number _____

Description of Event:

I hereby understand that the purpose for this inspection is to establish minimum fire and/or life safety guidelines for the use and operation of Special Amusement/Haunted Houses (and similar events whether these events are within a structure or in open air) in the jurisdiction of the Bemidji Fire Department and agree to work the Bemidji Fire Department in this regard.

Refer to "**Requirements for Special Amusement**" for local policy updates located at www.ci.bemidji.mn.us

Applicant Printed Name

Applicant Signature

Date

OFFICE USE ONLY

Approved

Revise & Resubmit

Rejected

(Resubmission Required)

Signed by Code Official _____

Date _____

Phone: 218-751-8001 E-mail: firecode@ci.bemidji.mn.us