

**Application Form  
HazMat License**

**Fire Inspections Services  
Regulatory Services**  
250 South 4<sup>th</sup> Street – Room 300  
Minneapolis, MN 55415  
Office 612-673-3000 or 311  
Fax 612-673-3699  
TTY 612-673-2157  
[www.minneapolismn.gov/fis](http://www.minneapolismn.gov/fis)



**Office Use Only**

Permit # \_\_\_\_\_

Inspector Initials \_\_\_\_\_ Date \_\_\_\_\_

Code 1 – Tier II/High Hazard  
 Code 2 – Medium Hazard  
 Code 3 – Low Hazard

**APPLICATION FOR A HAZARDOUS MATERIALS LICENSE**

**IMPORTANT INFORMATION**

Minneapolis Code of Ordinances 174.20 requires every building or structure, facility, or portion thereof that stores, uses, or handles hazardous materials in quantities that exceed the allowable amounts in the Minnesota State Fire Code (MSFC) to have an annual renewable permit for the storage, use, and handling of hazardous materials. The permit will be issued by the Fire Code Official and is to be posted in a conspicuous place on the premises. The annual permit fee is based on the hazard category assigned to the business, as identified by Fire Inspection Services.

**Fq'pq'lgpf 'c'gg'y kj 'vj lufgt o k'err rdec vqp.** An invoice will be sent after the application is reviewed and classification determined.

Per MSFC 2701.6.3, a hazardous facility closure plan shall be submitted to the Fire Code Official at least 30 days prior to facility closure.

**LOCATION OF BUSINESS NEEDING PERMIT (INCLUDE ADDRESS #, STREET NAME, & DIRECTIONAL)**

**APPLICANT**

**APPLICANT or BUSINESS NAME** (applicant is:  Corporation  LLC  Partnership  Sole Proprietor  Other)

|                                  |             |              |            |
|----------------------------------|-------------|--------------|------------|
| <b>APPLICANT MAILING ADDRESS</b> | <b>CITY</b> | <b>STATE</b> | <b>ZIP</b> |
| <b>APPLICANT BILLING ADDRESS</b> | <b>CITY</b> | <b>STATE</b> | <b>ZIP</b> |

**LOCAL D/B/A (if applicable)**

|   |              |
|---|--------------|
| <b>LOCAL REPRESENTATIVE NAME (if not named above)</b> | <b>PHONE</b> |
|---|--------------|

**EMAIL ADDRESS**

**PERMIT INFORMATION**

check each hazard classification that most closely describes the storage, use, and handling of hazardous materials at the facility

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Aerosols                  | <input type="checkbox"/> Explosives & Fireworks          | <input type="checkbox"/> Pyrophoric Materials                   |
| <input type="checkbox"/> Blasting                  | <input type="checkbox"/> Flammable Gases                 | <input type="checkbox"/> Pyroxylin (Cellulose Nitrate) Plastics |
| <input type="checkbox"/> Combustible Fibers        | <input type="checkbox"/> Flammable & Combustible Liquids | <input type="checkbox"/> Stationary Battery System              |
| <input type="checkbox"/> Compressed Gases          | <input type="checkbox"/> Flammable Solids                | <input type="checkbox"/> Unstable (Reactive) Materials          |
| <input type="checkbox"/> Corrosive Materials       | <input type="checkbox"/> Highly Toxic & Toxic Materials  | <input type="checkbox"/> Water Reactive Solids                  |
| <input type="checkbox"/> Cryogenic Fluids          | <input type="checkbox"/> Liquefied Petroleum Gases       | <input type="checkbox"/> Welding                                |
| <input type="checkbox"/> Cutting                   | <input type="checkbox"/> Organic Peroxides               |   |
| <input type="checkbox"/> Dipping & Spray Finishing | <input type="checkbox"/> Oxidizers                       |   |

The undersigned hereby agrees that all information on this application is true and correct, and to comply with all applicable city ordinances, state and federal rules, and all orders from Minneapolis Fire Inspections Services.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

| No. | Chemical<br>Common/Trade Name | Physical State<br>L = Liquid<br>S = Solid<br>G = Gas<br>ND = Not<br>Determined | Quantity<br>(number) | Unit of<br>Measurement<br>Lbs = Pounds<br>Gal = Gallons<br>CuFt = Cubic<br>Ft<br>ND = Not<br>Determined | NFPA                             | NFPA                           | NFPA  | NFPA 704  | Hazard<br>Classification | Situation<br>S = Storage<br>U/O = Use/Open<br>U/C =<br>Use/Closed | Chemical Abstract<br>Service No. (CAS) | Location in<br>Building<br><br>Show on Site /<br>Floor Plan | Storage<br>Code<br>A - R | Pressure<br>Code<br>1 - 3 | Temp<br>Code<br>4 - 7 | Stored / Use In:<br>FSB = Fully Sprinklered Building<br>FC = Flam Storage Cabinet<br>HC = Hazardous Storage Cabinet<br>FSR = Flam Storage Room<br>FSW = Flam storage warehouse<br>CA = Control Room / Area<br>O = Other (specify) |
|-----|-------------------------------|--|----------------------|---|----------------------------------|--------------------------------|---|---|--------------------------|---|--|---|--------------------------|---------------------------|-----------------------|---|
|     |                               |  |                      |   | 704<br>Health<br>Hazard<br>0 - 4 | 704<br>Fire<br>Hazard<br>0 - 4 | 704<br>Reactivity<br>(Stability)<br>Hazard<br>0 - 4 | Special<br>Hazard<br>Water<br>Reactive<br>Oxidizing<br>Corrosive<br>Radioactive |                          |   |  |   |                          |                           |                       |   |
| 1   |                               |  |                      |   |                                  |                                |   |   |                          |   |  |   |                          |                           |                       |   |
| 2   |                               |  |                      |   |                                  |                                |   |   |                          |   |  |   |                          |                           |                       |   |
| 3   |                               |  |                      |   |                                  |                                |   |   |                          |   |  |   |                          |                           |                       |   |
| 4   |                               |  |                      |   |                                  |                                |   |   |                          |   |  |   |                          |                           |                       |   |
| 5   |                               |  |                      |   |                                  |                                |   |   |                          |   |  |   |                          |                           |                       |   |
| 6   |                               |  |                      |   |                                  |                                |   |   |                          |   |  |   |                          |                           |                       |   |
| 7   |                               |  |                      |   |                                  |                                |   |   |                          |   |  |   |                          |                           |                       |   |
| 8   |                               |  |                      |   |                                  |                                |   |   |                          |   |  |   |                          |                           |                       |   |
| 9   |                               |  |                      |   |                                  |                                |   |   |                          |   |  |   |                          |                           |                       |   |
| 10  |                               |  |                      |   |                                  |                                |   |   |                          |   |  |   |                          |                           |                       |   |
| 11  |                               |  |                      |   |                                  |                                |   |   |                          |   |  |   |                          |                           |                       |   |
| 12  |                               |  |                      |   |                                  |                                |   |   |                          |   |  |   |                          |                           |                       |   |
| 13  |                               |  |                      |   |                                  |                                |   |   |                          |   |  |   |                          |                           |                       |   |
| 14  |                               |  |                      |   |                                  |                                |   |   |                          |   |  |   |                          |                           |                       |   |