



DATE OF APPLICATION: _____

APPLICATION FOR ANNUAL CLASS 2 FIREWORKS PERMIT

APPLICANT:

Name: _____ Phone No. _____

Home Address: _____ Date of Birth: _____

PROPOSED PERMIT HOLDER: (If different from Applicant)

Name: _____ Phone No. _____

Home Address: _____ Date of Birth: _____

SALES ADDRESS AND DETAILED DESCRIPTION OF PREMISE:

APPLICANT'S WISCONSIN SALES TAX ID NUMBER: _____

DESCRIPTION OF CLASS 2 FIREWORKS FOR PROPOSED SALE: (Attach listing if necessary)

I understand and agree that such license, if granted, shall be non-transferable and may be revoked at any time for just and legal cause, and that in case of relinquishment or revocation thereof, I shall be entitled to no refund of license fee for the unexpired term.

License Period: _____

Signature of Applicant

For Office Use Only: 1. Application completely filled out and signed: _____ 2. \$20 Fee Paid: _____ 3. Applicant issued letter from Fire Chief and No Smoking Sign and Ordinance No. 3108: _____

FIRE DEPARTMENT: _____ Approved: ____ Denied: ____ Date: _____

POLICE DEPARTMENT: _____ Approved: ____ Denied: ____ Date: _____

IF DENIED, REASON: _____