



DATE OF APPLICATION: \_\_\_\_\_

### APPLICATION FOR 30 DAY CLASS 3 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:

\_\_\_\_\_  
\_\_\_\_\_

INDOOR SALES: \_\_\_\_\_ OUTDOOR SALES: \_\_\_\_\_ If applicable, complete Outdoor Vendor Permit

APPLICANT'S WISCONSIN SALES TAX ID NUMBER: \_\_\_\_\_

DESCRIPTION OF CLASS 3 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

FIRE DEPARTMENT : \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

POLICE DEPARTMENT: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

IF DENIED, REASON: \_\_\_\_\_

**For Office Use Only:**

1. Application completely filled out and signed: \_\_\_\_\_
2. Zoning: \_\_\_\_\_ Zoning approved by: \_\_\_\_\_
3. Applicant submitted site plan of sales area: \_\_\_\_\_ Site Plan Approved by: \_\_\_\_\_
4. Applicant submitted written permission to use property: \_\_\_\_\_
5. Applicant signed State Statute Rules & Regulations - One copy for Clerk, one for Applicant \_\_\_\_\_
6. \$250 per location fee paid: \_\_\_\_\_
7. Applicant issued letter from Fire Chief, Fire Dept. phone number & instructions for inspection: \_\_\_\_\_
8. Applicant issued No Smoking Sign
9. Applicant issued copy of Ordinance No. 3108: \_\_\_\_\_
10. Outdoor Vendor application completed: \_\_\_\_\_