

TOWN OF DEKORRA
Fireworks Sales Permit Application*

(per Code of Ordinance 6.08 "Fireworks", 12/28/1999)

*** For: July 1, 2012 – June 30, 2013**

DATE OF APPLICATION FOR PERMIT: _____ NEW _____ RENEWAL _____ (check one)

DATE LICENSE BEGINS: _____ DATE LICENSE EXPIRES: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____ CITY/STATE/ZIP: _____

CURRENT ZONING: _____ PARCEL NO.: _____ SECTION: _____ TOWN: _____ RANGE: _____

OWNER #1 NAME: _____ DATE OF BIRTH: _____

ADDRESS: (Home) _____

(Work) _____

PHONE: (Home) _____ (Work) _____

OWNER #1 ARRESTS/CONVICTIONS FOR CRIMES: _____

OWNERS #2 NAME: _____ DATE OF BIRTH: _____

ADDRESS: (Home) _____

(Work) _____

PHONE: (Home) _____ (Work) _____

OWNER #2 ARRESTS/CONVICTIONS FOR CRIMES: _____

TYPES OF FIREWORKS: _____

LOCATION OF STORAGE: _____

DESCRIPTION OF FIRE SAFETY EQUIPMENT AND PRECAUTIONS: _____

CERTIFICATE OF INSURANCE (copy must be attached):

- 1) COMPANY NAME: _____
- 2) AGENT NAME: _____
- 3) ADDRESS: _____
- 4) PHONE: _____
- 5) PREMIUM: _____
- 6) DATE POLICY ISSUED: _____ DATE POLICY EXPIRES: _____

FEE
\$500.00/YEAR

Permits valid July 1st (or date of issue) through following June 30th

Office Use Only, Do Not Write Below This Line

- _____ Application mailed to Owner
- _____ Application received by Clerk
- _____ Application presented to Town Board Chairperson
- _____ Application approved/denied (circle one); Signed: _____
Town Board Chairperson
- _____ Permit Issued to Owner
- _____ Fee Paid (Amount \$ _____, Check # _____)

Dated: _____

Dekorrra Town Clerk

SEND TO:
VICKI L. AUCK, CLERK
TOWN OF DEKORRA
POST OFFICE BOX 536
POYNETTE, WI 53955-0536
PHONE: (608) 635-2014

MAKE CHECK PAYABLE TO: TOWN OF DEKORRA