

**Remit to:**  
Town of Dekorra  
W8460 Bilkie  
Poynette, WI 53955

# Town of Dekorra Fireworks Sales Application

Valid January 1, \_\_\_\_\_ through Dec 31, \_\_\_\_\_

**Remit:**  
 Signed application  
 Payment \$500.00

**Filling out your application**

1. This application must be filled out accurately and completely.
2. Your application will not be processed until you deal with any outstanding warrants.
3. Attach a list of convictions.

**INITIAL**

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

**Review of your application**

1. I understand that a background check will be performed.
2. If there are concerns about your background check, you may be called to appear before the Town Board.
3. If you are asked to appear but choose not to do so, your application may be denied.
4. Meetings of the Town Board are open to the public. This application is a public record subject to release.

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

Business Name:

Business Address:

Email Address:

City:

State, Zip:

Business Telephone:

Proposed Selling dates:

Type of Fireworks sold:

Current Zoning/Parcel number/Section/Town/Range:

Location of storage:

Description of Fire safety equipment and precautions:

**Owner 1:** Last Name

First Name

M.I. (Required)

Residence Street Address:

City:

State:

Zip:

Phone:

Previous address in past 5 years:

Other names, aliases or birthdates used:

Email:

Social Security number:

Birthdate:

Owner 2: Last Name:		First Name:		M.I. (required):
Residence Street Address:		City:	State:	Zip:
Phone:	Previous address in past 5 years:		Other names, aliases or birthdates used:	
Email:				
Social Security number:		Birthdate:		

**Issuance of Permit.**

The Town shall issue the permit upon satisfactory compliance by the applicant with all provisions of Dekorra Ordinance 6.08. The Town Board shall investigate whether to issue any fireworks permit and, if satisfied, the Town Board Chairperson shall execute all fireworks permits. Prior to issuance of the fireworks permit, the applicant shall furnish the Town with a certificate of insurance showing public liability insurance for the proposed location of selling or using/displaying fireworks as follows:

(1) For selling fireworks: insurance in an amount of not less than \$1,000,000 per person, \$3,000,000 aggregate and \$500,000 in property damage.

(2) For using/displaying fireworks: insurance in an amount of not less than \$1,000,000 per person/aggregate and \$500,000 in property damage.

If the license is denied at the Town Board Meeting, the Clerk shall provide the applicant a letter with reasons for denial of their permit. Any applicant denied a permit may appeal the decision and request a hearing before the Town Board by writing a letter to the Town Clerk within 14 days of receipt of the denial letter. The letter should state in detail the grounds for reversal of the denial and shall be signed by the applicant. The Town Clerk shall set a date and time to meet with Town Board.

***I acknowledge that the information provided in this application is true and correct to the best of my knowledge and belief. I certify I am familiar with the laws, ordinances and regulations pertaining to the sale of fireworks and I agree to obey all provisions of the law. I understand that falsification of this application will result in automatic denial.***

Signed \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only	
Date Application mailed: _____	Date application received _____
Date presented to Safety Committee: _____	Recommended for <input type="checkbox"/> Approval <input type="checkbox"/> Denial
Date presented to Dekorra Town Board: _____	<input type="checkbox"/> Approved/ <input type="checkbox"/> Denied (attach reason) <input type="checkbox"/> Denial letter sent date: _____
Appeal Date: _____ <input type="checkbox"/> Approved/ <input type="checkbox"/> Denied	
<input type="checkbox"/> Insurance Certificate received	
Date permit issued: _____	Permit number: _____
Fee Paid: _____	Check# _____

