

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

Town of Dekorra Fireworks Display Permit Application

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

Remit:
 Signed application
 Insurance certificate
 Payment \$50.00

Date of application: _____

Permit Expires: _____

Filling out your application/Review of application

INITIAL

- | | |
|---|-------|
| 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 certificate of insurance per Dekorra Code of Ordinance 6.08(e). | _____ |
| 4. I understand that a background check will be performed. | _____ |

Property Owner 1 Name:	Date of Birth:
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Signature Property Owner 1:

Property Owner 2 Name:	Date of Birth:
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Signature Property Owner 2:

Display Property Address:	Email Address:
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City:	State, Zip:	Telephone Day:
		Telephone Alt:

Current Zoning	Parcel number	Section	Town/Range
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Date of display:	Beginning Time:	End Time: (2-hour limit)	Type of Fireworks used in display:
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Location of storage:

Description of Fire safety equipment and precautions:

Person(s) involved in operation of fireworks display:

Name/Signature:	Address:	Telephone number:	Date of Birth:

Issuance of Permit:

The Town Board 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:

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

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.

Applicant Signature: _____ Date: _____

Office Use Only	
Date Application mailed: _____	<input type="checkbox"/> Printed from website
Date presented to Dekorra Town Board: _____	Date application received by Clerk: _____
<input type="checkbox"/> Denial letter sent date: _____	<input type="checkbox"/> Refund sent date: _____
<input type="checkbox"/> Insurance Certificate received	
Date permit issued: _____	Permit number: _____
Fee Paid: _____	Check# _____
Town Board Chairman Signature: _____	