

**Remit to:**  
 Town of Dekorra  
 W8225 County Road JV  
 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: \_\_\_\_\_

|   |                |
|---|----------------|
| <b>Filling out your application/Review of application</b>                               | <b>INITIAL</b> |
| 1. This application must be filled out <u>accurately and completely</u> .               | _____          |
| 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: |
|------------------------|----------------|

|                             |                |
|-----------------------------|----------------|
| Signature Property Owner 1: | Email Address: |
|-----------------------------|----------------|

|                        |                |
|------------------------|----------------|
| Property Owner 2 Name: | Date of Birth: |
|------------------------|----------------|

|                             |                |
|-----------------------------|----------------|
| Signature Property Owner 2: | Email Address: |
|-----------------------------|----------------|

Display Property Address and location of display on property:

|       |             |                |
|-------|-------------|----------------|
| City: | State, Zip: | Telephone Day: |
|       |             | Telephone Alt: |

|                |               |         |            |
|----------------|---------------|---------|------------|
| Current Zoning | Parcel number | Section | Town/Range |
|----------------|---------------|---------|------------|

|                  |            |                 |                        |
|------------------|------------|-----------------|------------------------|
| Date of display: | Rain Date: | Beginning Time: | End Time:              |
|                  |            |                 | (2-hour maximum limit) |

Type of Fireworks used in display and 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: |
|-----------------|----------|-------------------|----------------|
|                 |          |                   |                |
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|                 |          |                   |                |

**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: _____                    |  |