

VILLAGE OF LAKE HALLIE
FIREWORKS SELLERS PERMIT APPLICATION
(PLEASE PRINT)

Name of Retailer (Corporate): _____

Corporation Address: _____

Corporation Telephone Number: _____

Corporation Insurance (Liability): _____

Name of Applicant (Individual): _____

Name of Insurance Company (Individual Liability): _____

Drivers License Number: _____

Permanent Address: _____

Wisconsin Tax I.D. Number: _____

Location of Retail Outlet: _____

Hours of Operation: _____

Is Fireworks stored on site: Yes _____ No _____

If so describe location of Fireworks Storage: _____

_____ Applicant

hereby agrees to abide by all Federal, State and Local Laws or Ordinances. Failure to comply with such regulations shall lead to the revocation of this permit. Permit Fee \$100.00 per Retail Location. Transfer fee \$100.00.

Signature of Applicant: _____ Date: _____

Meeting Date: _____ Approve by Village Board: _____

Signature of Clerk: _____ Date: _____

FIREWORKS SELLERS PERMIT
APPLICATION

FOR VILLAGE USE ONLY

Certification of Insurance provided? Yes _____ No _____

Fire Department Inspection of site? Yes _____ No _____

Fire Department approval? Yes _____ No _____

Fee Paid? Yes _____ No _____