



City of Brillion

Application for Fireworks Discharge Permit

Application Date: _____ Fee: _____
\$25.00 plus 1% of gross sales from
previous year

Name: _____ Telephone #: _____
Last First Middle

Date of Birth: _____ Driver License #: _____

Name of Organization: _____

Telephone #: _____

Address of Organization:

Street _____ City _____ State _____ Zip Code _____

Date of Display: _____ Time of Display: _____ to _____

Location where display will be conducted:

Street _____ City _____ State _____ Zip Code _____

Insured By:

Company Name _____ Street Address _____ City _____ State _____ Zip Code _____

Telephone Number of Insurance Company: _____

Policy Number: _____

Attach Copy of Current Liability Insurance Including Dates of Coverage

ITEMS TO BE DISCHARGED:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Any additional items to be discharged will be listed on an attached sheet

I understand that no items may be discharged unless listed on this application. I further understand that no fireworks may be possessed or used by anyone under the age of 18. No items may be sold until the City of Brillion Common Council has issued a permit.

The facts given in this application are true and correct. I understand that by falsifying the facts given could result in the denial of a permit or revocation of permit.

Signature: _____

Date: _____

Office Use Only:

I have reviewed the application for Sale of Fireworks in the City of Brillion. Based upon my inspection of the premises and the items listed are in conformity with the City of Brillion Municipal Code (Sec. 34-113 - 34-116).

I recommend approval of this application by the Brillion City Common Council.

Yes No - Reason for Denial _____

Brillion Fire Department Representative: _____

Date: _____

Brillion Police Department Representative: _____

Date: _____