



CITY OF KIEL

621 Sixth Street
P.O. Box 98
Kiel, WI 53042

Casey Witterholt, **City Administrator**

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APPLICATION TO POSSESS AND DISPLAY FIREWORKS

Name/Entity

Location/Address of fireworks display

Date(s)/time(s)

Rain date(s)/time(s)

Description of event:

The real estate upon which the enumerated fireworks will be sold:

Name(s)

Address

Signature(s) of the owner(s) of the real estate

Itemization of enumerated fireworks that are intended to be sold:

1. _____
2. _____
3. _____
4. _____
5. _____

6. _____
7. _____
8. _____
9. _____
10. _____

A narrative of safety measures and certificate of insurance must be submitted in connection with this application.

For office use only

Date application received _____

Safety plan received: Yes ____ No ____

Certificate of Insurance received: Yes ____ No ____

Approval Signatures:

Fire Chief Signature *Approved* __ *Denied* __

Police Chief Signature *Approved* __ *Denied* __

Council Approval Date: _____

A permit will be issued by the Clerk-Treasurer after approval of application.