



CITY OF KIEL

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

Casey Witterholt, **City Administrator**

Phone (920) 894-2909 Email: casey.witterholt@kielwi.gov

APPLICATION TO SELL FIREWORKS

Name/Entity: _____

Sale Location: _____

Dates and time(s) of operation: _____

Names, address, and consent of owner(s) of the real estate upon which the fireworks will be sold:

Name: _____

Address: _____

Signature of Owner: _____ Date: _____

Submit the following:

1. Itemized list of fireworks for sale
2. Narrative of safety measures/safety plan
3. Certificate of Insurance
4. Background check form
5. Permit fee - \$200

I, _____ have read Kiel Municipal Code Section 9.04 regarding sale possession and use of fireworks and understand that if I violate the provision of this ordinance, I will be subject to municipal penalties as defined under Chapter 25.04 of the City of Kiel municipal code. Each day of continued violation constitutes a separate violation and offense.

Signature: _____ Date: _____

Over

