



APPLICATION FOR FIREWORKS SELLER'S PERMIT

City of Adams
101 North Main Street
P.O. Box 1009
Adams, WI 53910
Phone: 1-608-339-6516
Fax: 1-608-339-8170

Date _____ \$25 Fee – Paid Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Driver's License No. _____

A copy of applicant's driver's license must accompany this application.

Wisconsin Seller's Permit Number (Required): _____

Person of firm, association or corporation the seller represents or is employed by:

Name _____ Phone No. _____

Address _____ City _____ State _____ Zip _____

Sale location and types of fireworks being sold:

Type of fireworks being sold:

Description of the structure where the sale is occurring:

Vehicle to be used by applicant to conduct business:

Make & Year _____ Model _____

License plate No. _____ Method of Delivery: _____

Temporary Address from which business will be conducted from (if different from above):

Address _____ City _____ State _____ Zip _____

Property Owner Name: _____

Property Owner Address & Phone No.: _____

Property Owner Signature: _____

Address where applicant can be contacted for at least 7 days after leaving this city

Address _____

Phone No.: _____

Has applicant been convicted of any crime or ordinance violation related to transient merchant business within the last 5 years? Yes ___ No ___ If yes, state nature of:

Offense _____

Place of conviction _____

List cities, villages or towns where applicant conducted business (no more than three)

1. _____

2. _____

3. _____

By my signature below, I hereby certify that the information contained in the application is true and correct to the best of my ability; that I am familiar with the laws, ordinances, and regulations applicable to my business and this permit; that I agree to obey all such laws, ordinances and regulations if granted a seller's permit.

I do hereby appoint the Clerk of the City of Adams as my agent to accept service of process in any civil action brought against me arising out of any sale or service performed by me in connection with the direct sales activities by me, in the event I cannot, after reasonable effort, be served personally.

Signature

Date

Police Department Approval:

Date:

Contact Darin Kurth, Fire Chief, Adams County Fire District, and inform him that you are applying for a Fireworks Seller's Permit. Cell: 608-548-3556. A copy of the **approved** permit must be given to the Fire Chief at least two (2) days before the date of authorized use.