



Include a copy of:
 Certificate of Insurance
 Proof of Pyro technician

OFFICE OF THE CITY CLERK

300 East Main Street
 Sun Prairie, WI 53590-2227
 (608) 837-2511
 FAX (608) 825-6879
 Website www.cityofsunprairie.com

APPLICATION TO POSSESS AND DISPLAY FIREWORKS

APPLICANT'S NAME:									
LAST				FIRST		MIDDLE INITIAL		OTHER NAMES USED / MAIDEN NAME	
SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BIRTHDATE	APPLICANTS DRIVERS LICENSE - STATE AND NUMBER			
CURRENT RESIDENCE ADDRESS - PERMANENT						WISCONSIN RESIDENT?			
STREET						<input type="checkbox"/> Yes <input type="checkbox"/> No HOW LONG? _____ If "no" please list state that you are a permanent resident of, and how long you have been a resident there.			
CITY									
STATE / ZIP									
HOME PHONE NUMBER			CELL PHONE NUMBER			EMAIL ADDRESS			

PLEASE PROVIDE INFORMATION PERTAINING TO THE FIREWORKS THAT WILL BE DISPLAYED		
TYPE: AERIAL / GROUND	SIZE OF SHELLS TO BE USED	INTENDED HEIGHT SHELLS TO BE SHOT
WHAT EVENT WILL THE DISPLAY COINCIDE WITH?	EVENT DATE	DISPLAY TIME

WHERE WILL THE DISPLAY TAKE PLACE – List address and location/area at that address	PROPERTY OWNERS NAME	PROPERTY OWNER'S ADDRESS

An indemnity bond as required by City Ordinance has been taken in the name of the City of Sun Prairie and is attached. _____YES _____NO

CONSENT OF PROPERTY OWNER WHERE FIREWORKS WILL BE DISPLAYED PROPERTY OWNERS NAME: LAST		FIRST	MIDDLE INITIAL
CURRENT RESIDENCE ADDRESS - PERMANENT STREET / CITY / STATE / ZIP			
HOME PHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS	
I affirm that I am the property owner/agent of the property where the applicant will display fireworks. I provide permission and consent to display fireworks at this location.			
			_____ Signature of Property Owner

PYROTECHNICS INFORMATION NAME: LAST		FIRST	MIDDLE INITIAL
CURRENT RESIDENCE ADDRESS - PERMANENT STREET / CITY / STATE / ZIP			
WILL THIS DISPLAY BE ADMINISTERED ACCORDING TO NFPA 1123 (CODE FOR FIREWORKS DISPLAY)? __Yes __No If "no" please explain.			
HOME PHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS	
I affirm that I am currently certified as a pyrotechnician for the display of fireworks in the State of Wisconsin. A copy of the certification is attached.			
			_____ Signature of Pyrotechnician

Submit Application To: City Clerk's Office (No fees are charged for this permit)

OFFICE USE ONLY - Application and fees accepted by AL / MS / EH / ____ Date ____ / ____ / 20__

<p>In regards to the issuance of this license, the ____ Fire Chief __ Police Chief __ Finance Office __ Assistant Administrator ____ has no objection. ____ does have an objection which is detailed, with a recommendation, in the attached report. ____ recommends further review and consideration for action by the city attorney with a report to follow due to the following: _____</p>

<p>AS MAYOR OF THE CITY OF SUN PRAIRIE AND IN ACCORDANCE WITH CITY ORDINANCE AND STATE STATUTES I APPROVE THIS APPLICATION FOR A FIREWORKS DISPLAY ON THE DATE SPECIFIED.</p> <p>_____ Mayor</p>
