

CITY OF RHINELANDER

FIREWORKS USERS APPLICATION



***ALL the information must be provided.
INCOMPLETE OR INACCURATE FORMS WILL BE DENIED.***

Name of permit holder: _____

Address of permit holder: _____

Phone Contact: _____ Cell # _____ Email: _____

Aerial and ground fireworks display to be held at: _____

Kind and quantity of fireworks to be purchased: _____
Attach list to application if needed.

Date and time of actual display: _____ Rain Date? _____

Address & Owner contact information where fireworks will be stored if different than applicant/permit holder:

I hereby agree:

1. To furnish the City of Rhinelanders Public Safety Departments a list of all fireworks purchased under this permit prior to their use;
2. This permit is valid ONLY for the date(s) of issue;
3. To comply with all Wisconsin Statutes and the City of Rhinelanders Ordinances now in effect;
4. To file certificate(s) of insurance naming the City of Rhinelanders as an additional insured for the fireworks display held under this permit in an aggregated amount of \$2,000,000.00 or more, not less than 60 (sixty) days prior to the issuance of this permit;
5. A violation of any of the above shall be cause for permit to be immediately denied or revoked by the City of Rhinelanders Fire Department or Police Department;
6. I certify that the information provided above and attached is correct.
7. Provided \$250 cash or check, payable to City of Rhinelanders, with application to the Rhinelanders City Clerk's Office at 135 S Stevens St Rhinelanders WI 54501.

Signature: _____ Date: _____

CLEARLY Print name of permit Holder:

OFFICE USE ONLY

Date Application was received: _____

Action Taken: Approved Denied Details: _____

Issued License Number: _____ Date Issued: _____

Signature: _____ Date: _____

Fire Chief

Department Notification: Police Department Clerks Office