



# CITY OF KIEL

621 Sixth Street  
P.O. Box 98  
Kiel, WI 53042  
Phone (920) 894-2909

## APPLICATION TO POSSESS AND DISPLAY FIREWORKS

Name/Entity: \_\_\_\_\_

Location of fireworks display: \_\_\_\_\_

Date/time: \_\_\_\_\_

Rain date/time: \_\_\_\_\_

Description of event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*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 \_\_\_

\_\_\_\_\_  
Fire Chief Signature

Approved \_\_\_ Denied \_\_\_

\_\_\_\_\_  
Police Chief Signature

Approved \_\_\_ Denied \_\_\_

Council Approval Date: \_\_\_\_\_