



# CITY OF KIEL

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

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## APPLICATION TO POSSESS AND DISPLAY FIREWORKS

\_\_\_\_\_  
*Name/Entity*

\_\_\_\_\_  
*Location/Address of fireworks display*

\_\_\_\_\_  
*Date(s)/time(s)*

\_\_\_\_\_  
*Rain date(s)/time(s)*

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

*The real estate upon which the enumerated fireworks will be sold:*

\_\_\_\_\_  
*Name(s)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Signature(s) of the owner(s) of the real estate*

*Itemization of enumerated fireworks that are intended to be sold:*

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

*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\_\_

*Approval Signatures:*

\_\_\_\_\_  
***Fire Chief Signature***                      *Approved* \_\_      *Denied* \_\_

\_\_\_\_\_  
***Police Chief Signature***                      *Approved* \_\_      *Denied* \_\_

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

*A permit will be issued by the Clerk-Treasurer after approval of application.*