



City of Brillion
Application for Fireworks
Discharge Permit

Application Date: _____

Fee: _____
\$25.00 plus 1% of gross sales from
previous year

Name: _____
Last First Middle

Telephone #: _____

Date of Birth: _____ **Driver License #:** _____

Name of Organization: _____

Telephone #: _____

Address of Organization:

Street City State Zip Code

Date of Display: _____ **Time of Display:** _____ to _____

Location where display will be conducted:

Street City State Zip Code

Sketch/Print a Google Map or Calumet County GIS aerial image of the property and indicate the point where the fireworks will be launched.

Insured By:

Company Name Street Address City State Zip Code

Telephone Number of Insurance Company: _____

Policy Number: _____

Attach Copy of Current Liability Insurance Including Dates of Coverage

ITEMS TO BE DISCHARGED:

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

Any additional items to be discharged will be listed on an attached sheet

I understand that no items may be discharged unless listed on this application. I further understand that no fireworks may be possessed or used by anyone under the age of 18. No items may be sold until the City of Brillion Common Council has issued a permit.

The facts given in this application are true and correct. I understand that by falsifying the facts given could result in the denial of a permit or revocation of permit.

Signature: _____

Date: _____

Office Use Only:

I have reviewed the application for Sale of Fireworks in the City of Brillion. Based upon my inspection of the premises and the items listed are in conformity with the City of Brillion Municipal Code (Sec. 34-113 – 34-116).

I recommend approval of this application by the Brillion City Common Council.

☐ **Yes** ☐ **No** – Reason for Denial _____

Brillion Fire Department Representative: _____

Date: _____

Brillion Police Department Representative: _____

Date: _____