Retail Sales of Fireworks License Application

Town of Clayton Town Hall

8348 Hickory Ave Larsen, WI 54947 Phone: 920-836-2007

Email: clerk@claytonwinnebagowi.gov Website: https://www.townofclayton.net/



Company Name:		
Address:		Zip Code:
Phone Number:	Co	ntact/Attention:
Sales Start:	Sales End: _	
	Permit Requiremen	ts
☐ 1. Submit complete application for the permit for Town of Clayton a minimum of thirty (30) days prior to	the manufacturing, storage for cor	nmercial purposes, and sale of fireworks shall be made to the
$\hfill \square$ 2. Prior to processing the application, the applican which certifies that the site has met and complies with		ales site completed by the Clayton Fire Rescue Fire Chief as amended).
☐ 3. Submit a letter from the person legally responsi permission to the applicant for the use of said propert		reworks-related activity will occur. Such letter shall grant
		nd property damage insurance in a company of companies limit; Town of Clayton shall be named as an additional
		tent, building), a floor plan designation the area for storage for uantity of the fireworks within the structure and the material
☐ 6. Submit permit fee (see fee schedule).		
☐ 7. Permitee has a valid Wisconsin State Retail Lic	cense and is not transferable.	
Name of Applicant (typed or printed)		Signature of Applicant
Name of Property Owner (typed or printed)		Signature of Property Owner
Fire Chief/Inspector Approval (signature)		Date of Fire Chief/Inspector Approval
Date Permit Valid From		Date Permit Expires