

TOWN OF GROVER
FIREWORKS SELLERS PERMIT APPLICATION

Name of Retailer (Corporate): _____

Corporation Address: _____

Corporation Telephone Number: _____

Corporation Insurance (Liability): _____

Name of Applicant (individual): _____

Permanent Address: _____

Wisconsin Tax I.D. Number: _____

Location of Retail outlet: _____

Hours of Operation: _____ Fireworks stored on site: yes no

If yes, describe location of fireworks storage: _____

The annual fee is \$250.00 per location. This application expires one year from date of authorization.

By signing this form, you are acknowledging that you have no outstanding taxes, fines, or fees owed to the Town of Grover or Marinette County.

By signing this form, you are agreeing to follow all Town requirements as set forth, but not limited to, the Fireworks Ordinance No. 2012-03. I understand that if I violate such ordinance, my application will become null and void. I further understand the Town of Grover regulates the issuance and use of such permits and may revoke my application without notice.

Applicant Signature

Date

Town of Grover Authorized Signature

Date