APPLICATION FOR GENERAL LICENSE OR PERMIT

_____
TRADE NAME

Applicants Name_____Phone _____

respectfully applies for a license/permit under and pursuant to Section 12.135 of the Municipal Code of the City of Fond du Lac to carry on the following business:

FIREWORKS DEALER

in the City of Fond du Lac, at _____
(Address)

Full names, address and dates of birth of persons selling at this location (Attach extra sheet if needed.)

Name of Person Selling_____DOB _____

Address _____

Name of Person Selling_____DOB _____

Address _____

Name of Person Selling_____DOB _____

Address _____

Name of Person Selling_____DOB _____

Address _____

Wisconsin Seller's Permit Number: _____

Dated this _____ day of _____, _____.

Description of each type of fireworks to be sold (Attach sheet)

Certificate of Liability Insurance for business owner: (Not less than $1,000,000) Must name the City of Fond du Lac as an insured party. Attached: Yes No

_____
Signature of Applicant

CONTROL NO._____

_____

NON REFUNDABLE FEE:
$120.00 per stand

_____
Home address of Applicant

List all your (the applicants) residences for the past Two Years to the date of application:

_____

_____

Receipt No. _____ Date: _____

Date of Issuance _____ License No. _____

City Clerk's Office ~ P.O. Box 150 ~ 160 S. Macy St. ~ Fond du Lac, WI 54935