

**City of Eagle River, Wisconsin**  
**Permit for sale & storage of Class C fireworks within City limits**

<b>For Office Use ONLY:</b>	\$100 Permit fee paid: _____
Date Received: _____	Permit mailed: _____
Date given to PD: _____ Returned: _____	Permit / Application number: _____
Date given to Fire Chief: _____ Returned: _____	
<b>Expiration date:</b> _____	

**INCOMPLETE OR INACCURATE FORMS WILL BE REJECTED.**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
                    *First*                    *M.I.*                    *Last*                    *(Must be at least 18 years of age)*

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_  
*(a physical address, NOT a Post Office Box)*

**PERMANENT BUSINESS APPLICATION (1 YEAR)**

Permanent Business Address: \_\_\_\_\_

Permanent Telephone #: ( ) \_\_\_\_\_

Temporary Business Address: \_\_\_\_\_

Temporary Telephone #: ( ) \_\_\_\_\_

**IF TEMPORARY LOCATION IS CHANGED CITY HALL MUST BE NOTIFIED.**

**Application for sale**

Proposed method of delivery and storage: \_\_\_\_\_

Make, Model, and License Plate Number(s) of vehicle(s) used by applicant to conduct business.

Vehicle #1 \_\_\_\_\_

Name, Address, Telephone Number and Signature of the person whom the applicant is employed by, and whose merchandise is being sold or represents, *if different than applicant*:

Employer Name: \_\_\_\_\_ Employer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Employer**

