



## APPLICATION FOR FIREWORKS SELLER'S PERMIT

City of Adams  
101 North Main Street  
P.O. Box 1009  
Adams, WI 53910  
Phone: 1-608-339-6516  
Fax: 1-608-339-8170

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (Cell) \_\_\_\_\_

Driver's License No. \_\_\_\_\_

A copy of applicant's driver's license must accompany this application.

Wisconsin Seller's Permit Number (Required): \_\_\_\_\_

Person of firm, association or corporation the seller represents or is employed by:

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sale location and types of fireworks being sold:

Type of fireworks being sold:

\_\_\_\_\_

Description of the structure where the sale is occurring:

\_\_\_\_\_

Vehicle to be used by applicant to conduct business:

Make & Year \_\_\_\_\_ Model \_\_\_\_\_

License plate No. \_\_\_\_\_ Method of Delivery: \_\_\_\_\_

Temporary Address from which business will be conducted from (if different from above):

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Owner Address & Phone No.: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_

Address where applicant can be contacted for at least 7 days after leaving this city

Address \_\_\_\_\_

Phone No.: \_\_\_\_\_

Has applicant been convicted of any crime or ordinance violation related to transient merchant business within the last 5 years? Yes \_\_\_ No \_\_\_ If yes, state nature of:

Offense \_\_\_\_\_

Place of conviction \_\_\_\_\_

List cities, villages or towns where applicant conducted business (no more than three)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

By my signature below, I hereby certify that the information contained in the application is true and correct to the best of my ability; that I am familiar with the laws, ordinances, and regulations applicable to my business and this permit; that I agree to obey all such laws, ordinances and regulations if granted a seller's permit.

I do hereby appoint the Clerk of the City of Adams as my agent to accept service of process in any civil action brought against me arising out of any sale or service performed by me in connection with the direct sales activities by me, in the event I cannot, after reasonable effort, be served personally.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Police Department Approval:

\_\_\_\_\_

Date:

\_\_\_\_\_

Contact Mike Rusch, Fire Chief, Adams County Fire District, and inform him that you are applying for a Fireworks Seller's Permit. Home: 608-584-5359 Cell: 608-474-0311. A copy of the **approved** permit must be given to the Fire Chief at least two (2) days before the date of authorized use.