



FIREWORK PERMIT APPLICATION

State Statue R167.10

Firework Permit Fee: \$10 (License fee is Non-Refundable)

Please Print Clearly

Point of Contact: _____

Point of Contact Address: _____

Point of Contact Telephone Number: _____ Email: _____

Types of Fireworks Sold/Used: _____

Location Sold/Discharging (*Be Specific*): _____

Date(s) and Time(s) selling Fireworks: _____

Date and Time Discharging Fireworks: _____

APPLICANT'S SIGNATURE

Applicant may mail or drop off the application and fee to the Ripon City Hall, 100 Jackson St., Ripon, WI 54971.
Questions may be emailed to the City Clerk at nmiller@cityofripon.com or call 920-748-4915.

Date received and filed with Municipal Clerk:	Cash, Check or Credit Card (Circle One)	Receipt Number:
Date application reviewed by City Administrator:	City Administrator Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Denied	City Administrator Initial:
		Copy Given to: <input type="checkbox"/> Police <input type="checkbox"/> EMS <input type="checkbox"/> Fire <input type="checkbox"/> Public Works
Permit Number:	Date Issued:	Initial of Clerk/Deputy Clerk: