



**Grand Chute Fire Department**

2250 Grand Chute Blvd  
 Grand Chute, WI 54913-7700  
[www.grandchutewi.gov](http://www.grandchutewi.gov)  
 Phone (920) 832-6050  
 Fax (920) 832-1606

**Fireworks Sale Permit Application**  
**Municipal Code: Chapter 295**

**\$50 Permit Fee as prescribed in the Municipal Fee Schedule shall be paid with submittal of application. Payments are accepted by mail, in person, or over the phone with cash, check, or credit card (for a small convenience fee.) Checks should be made payable to "Town of Grand Chute."**

All permits are issued as required by the Grand Chute Municipal Code. This permit is not transferable. The permit may be revoked for any violation of Town or State codes, false statements, or misrepresentation as to a material fact in the application or plans on which the permit or approval was based. The penalty for failure to obtain a permit as required under the Municipal Code is prescribed in the Uniform Forfeiture and Bond Schedules plus the cost of prosecution, as described in Municipal Code Section 295-5.

**Please print or type all information below. Incomplete applications will be returned.**

<b>Applicant Name (Person signing application)</b>	<b>Applicant Phone</b>
<b>Applicant Address</b>	<b>Applicant Email</b>
<b>Fireworks Supplier Name (If different from above)</b>	
<b>Fireworks Supplier Address (If different from above)</b>	
<b>Name of Registered Agent (if applicable).</b> Note: This may be the store where the fireworks will be sold. If this field is completed then this is the name to which the permit will be issued.	
<b>Address of Fireworks Sale</b> Note: If using a tent larger than 200 sq ft then a Tent Permit is also required.	<b>Date(s) of Fireworks Sale</b>
<p><b>This is an application only. A permit will be sent once approved.</b></p> <p><b>How would you like to receive your permit (select all that apply)?</b></p> <p style="display: flex; justify-content: space-around;"> <span>Applicant Email</span> <span>Mailed to Applicant</span> <span>Call Applicant to Pick Up</span> </p> <p style="text-align: center;">Mailed to Registered Agent at Address of Fireworks Sale</p>	

**Attach a certificate of insurance carrying a minimum of \$1,000,000 in liability coverage. The Town of Grand Chute shall be designated as an additional insured on the certificate of insurance.**

**Attach an inventory of the types of fireworks being sold at this location.**

**Type of fireworks for sale must be allowed safe and sane fireworks under Wis. Stat. 167.10 and the Town of Grand Chute.**

**Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_**

**For Office Use Only**

Permit #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Total Rec'd: \$ \_\_\_\_\_

Check #  Cash  Credit Card Payment Rec'd By: \_\_\_\_\_