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APPLICATION FOR FIREWORKS STAND RETAIL SALES PERMIT

Name of Applicant		
Address (number and street)		
City	State	ZIP Code
Name of Business/Temporary Stand		Merchant Retail Certificate (TID number required)
Address/Location of Temporary stand (number and street)		
City	State	ZIP Code
County	Township	Date Ready to open (month, day, year)
Contact telephone number	Email address	
Signature of Applicant		Date
FOR OFFICE USE ONLY		
Permit Number	Date	Fee \$100.00
Signature of Authorized Personnel		Check #/Cash