

**TOWN OF CALEDONIA
APPLICATION FOR FIREWORKS SALE LICENSE**

Fee: \$500.00 (Non-Refundable)

Receipt #: _____

From May 1, 2026 to April 30, 2027

Date: _____

Name of Applicant: _____ Phone Number: _____

Address of Applicant: _____

Business Name: _____ Phone Number: _____

Owner's Name (if not the same): _____

Business Address: _____

Additional Comments: _____

Property Owner Name: _____ Phone Number: _____

Property Owner Address: _____

Applicant Signature

Date

LICENSE SUBJECT TO COMPLIANCE WITH TOWN OF CALEDONIA ORDINANCE

****ATTACH A COPY OF WI STATE USERS PERMIT PURSUANT TO WIS. STAT. SEC. 167.10(3).**

****ATTACH PROOF OF INSURANCE.**