



**OUTDOOR FIREWORKS SALES  
TEMPORARY USE/STRUCTURE PERMIT APPLICATION**  
Community and Economic Development Department  
100 N. Appleton St. PH: 920-832-6468  
Appleton, WI 54911 FAX: 920-832-5994

Stamp date received

**TYPE OF TEMPORARY STRUCTURES USED WITHIN THE OUTDOOR FIREWORKS SALES AREA**

Tents or Canopies: Y  N  If yes, number of tents/canopies \_\_\_\_\_ Sizes \_\_\_\_\_  
 Other Temporary Structures:  Folding Tables  Trailers  Booths/Stand  Cargo Box  Other \_\_\_\_\_  
 Outdoor Fireworks Sales Area: \_\_\_\_\_ square feet.

**OPERATION DETAILS (NOT TO EXCEED 120 Total DAYS PER CALENDAR YEAR)**

Dates Requested From \_\_\_\_\_ to \_\_\_\_\_.  
 Total Days \_\_\_\_\_ Hours of Operation \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm  
 Electrical hookups? Y  N  If yes, describe \_\_\_\_\_

PROPERTY OWNER		APPLICANT (owner's agent)	
Name		Name	
Mailing Address		Mailing Address	
Phone	Fax	Phone	Fax
E-mail		E-mail	

**PROPERTY INFORMATION**

Property Tax # (31-0-0000-00) \_\_\_\_\_  
 Site Address/Location \_\_\_\_\_  
 Legal Description of Land (may be attached as separate sheet) \_\_\_\_\_  
 Current Uses \_\_\_\_\_ Current Zoning \_\_\_\_\_

Date \_\_\_\_\_ Owner/Agent Signature (Agents must provide written proof of authorization) \_\_\_\_\_

**OFFICE USE ONLY**

PERMIT # \_\_\_\_\_ Application Complete \_\_\_\_\_ Date Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Approved  Approved with conditions  Denied Community Development \_\_\_\_\_  
 Comments/Conditions: \_\_\_\_\_  
 Fee \$75.00 Acct # PWZNIG Receipt # \_\_\_\_\_ Date Paid \_\_\_\_/\_\_\_\_/\_\_\_\_

## Outdoor Fireworks Sales Temporary Use/Structure Permit Application Submittal Requirements

**An Outdoor Fireworks Sales, Temporary Use/Structure Permit Application (#2) is required for Outdoor Fireworks Sales.** **Outdoor Fireworks Sales**, means a temporary use that is conducted outside of an enclosed permanent building or structure on a lot where a temporary merchant displays and sells small fireworks and related 4<sup>th</sup> of July items.

**Fireworks Sales** conducted inside a building. **An Outdoor Fireworks Sales, Temporary Use/Structure Permit Application (FORM #2) IS NOT REQUIRED.**

**\*\* Prior to submitting your application, please contact the Community and Economic Development Department at 920-832-6466 for questions, requirements, eligibility, etc. The complete rules and regulations for all Temporary uses/structures can be found in Chapter 23, Zoning Ordinance Section 23-54.**

- Completed and signed Temporary Use/Structure Permit Application
- A scaled site plan drawing, identifying the following:
  - ✓ Property lines and dimensions
  - ✓ Location of all existing structures/buildings
  - ✓ Location of on-street/off-street parking spaces
  - ✓ Location of off-street parking drive aisles
  - ✓ Location of parking lot landscaping areas
  - ✓ Location of driveways
  - ✓ Location, size and setback dimensions to property lines of the proposed temporary use
  - ✓ Location, size and setback dimensions to property lines of the proposed temporary structures (tents/canopies, trailers, portable storage units)
- Check made payable to the City of Appleton for the Temporary Use/Structure Permit Application fee.
- Owner's Letter of Authorization or owner's signature on the application authorizing the proposed temporary use and/or structure.

**“EXHIBIT D-2”**

**(SAMPLE) AGENT AUTHORIZATION LETTER**

DATE: \_\_\_\_\_

TO: City of Appleton  
Community Development Department  
100 N. Appleton Street, Appleton, WI 54911

RE: \_\_\_\_\_  
Project name

The undersigned, \_\_\_\_\_, is the owner of property known as \_\_\_\_\_.  
(Property Owner name) (Address, tax key number)

The undersigned authorizes \_\_\_\_\_ to sign and file an application on behalf of \_\_\_\_\_.  
(Agent name) (Property Owner name)

to \_\_\_\_\_. \_\_\_\_\_ also authorizes \_\_\_\_\_ to execute any and all  
(Describe Project) (Property Owner name) (Agent name)

other documentation and/or applications required by the City.

Executed as of the day and year first above set forth.

\_\_\_\_\_  
Signature of property owner

**Administrative Reviews**

**Recommendations: A = Approved**

**CA = Conditionally Approved**

**D = Denied**

A  CA  D  **Office of the City Clerk by:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Comments/Reason for denial: \_\_\_\_\_  
\_\_\_\_\_

A  CA  D  **Fire Department by:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Comments/Reason for denial: \_\_\_\_\_  
\_\_\_\_\_

A  CA  D  **Health Department by:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Comments/Reason for denial: \_\_\_\_\_  
\_\_\_\_\_

A  CA  D  **Police Department by:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Comments/Reason for denial: \_\_\_\_\_  
\_\_\_\_\_

A  CA  D  **Engineering Division by:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Comments/Reason for denial: \_\_\_\_\_  
\_\_\_\_\_

A  CA  D  **Inspections Division by:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Comments/Reason for denial: \_\_\_\_\_  
\_\_\_\_\_

A  CA  D  **Comm. Development by:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Comments/Reason for denial: \_\_\_\_\_  
\_\_\_\_\_