



**OUTDOOR FIREWORKS SALES**  
**TEMPORARY USE/STRUCTURE PERMIT APPLICATION**  
 Community 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		Phone	
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: \_\_\_\_\_  
 Initial Location Fee: \$150.00  
 Renewal Fee Same Location: \$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 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 IS NOT REQUIRED.**

**\*\* Prior to submitting your application, please contact the Community 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, which may be accessed through the City of Appleton's website at <https://www.appleton.org/government/municipal-code>.**

- 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

**(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

OFFICE USE ONLY

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: \_\_\_\_\_