

Chapter ILHR 9

APPENDIX

The following form (SBD-7319) is referred to in section ILHR 9.04 (4). Copies of this form may be obtained at no charge from the Division of Safety and Buildings, P.O. Box 7969, Madison, Wisconsin 53707, telephone (608) 266-7529.

FIRE WORKS MANUFACTURING APPLICATION FOR LICENSE	Industry, Labor and Human Relations Safety and Buildings Division P.O. Box 7969, Madison, WI 53707 Telephone--608-266-7529
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NOTE: Use Typewriter or Print with Ball Point Pen.	
1. Name of Owner or Corporation: (If partnership, include name of each partner)	
2. Trade Name, If Any	3. Employer Identification Number, If Any
4. Name of County in Which Business is Located	5. Business Address (RFD or Street No., City, State, Zip Code)
6. Business Location (If no street address in Item 5, show directions and distance from nearest P.O. or city limits)	7. Telephone Number (Include Area Code) Business _____ Residence _____
8. Applicant's Business Is <input type="checkbox"/> Individually Owned <input type="checkbox"/> A Corporation <input type="checkbox"/> A Partnership <input type="checkbox"/> Other (Specify) _____	9. Applicant's Business Is Located In <input type="checkbox"/> A commercial Building <input type="checkbox"/> A Residence <input type="checkbox"/> Other (Specify) _____
10. Is the Applicant Presently Engaged in a Business for Which a License is Required Under 18 U.S.C. Chapter 40, Explosives? If Yes, List Business(es). <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Is Any Other Business Being Conducted on the Business Premises? (Other than the business for which this license is being applied for) If Yes, Give the General Nature of the Business. <input type="checkbox"/> Yes <input type="checkbox"/> No	Nature of Business
12. Date Operations Requiring a License are Desired to Commence.	13. Are the Applicant's Business Premises Open to the General Public? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Name of Business's Safety Officer	
DILHR USE:	