

FIREWORK PERMIT

Village of Shiocton

The undersigned hereby applies for a Fireworks Permit giving them the right to purchase and or to display fireworks. Must be 18 years old or older, by signing this application you agree you are 18 years old or older.

Name _____ Address _____

Phone or Cell # _____ Email Address _____

List of Fireworks to Purchase and or Display _____

_____ Qty: _____

Display Information: Where will the display take place _____

Organization, Group or Celebration sponsoring the display _____

Date of Display _____ *Next day Rain Date _____

* Only If it rains on the evening you were going to have the display.

Start Time _____ . Expected number of Spectators _____

FIREWORKS MUST END ON OR BEFORE 11:00PM

Applicant Signature

Fire Chief Approval

Approved Date: _____

**Note: See s.167.10, Wis.stats., for other fireworks regulations. A copy of the permit shall be given to fire or law enforcement official at least 2 days before the date of authorized use. The*

VILLAGE OF SHIOCTON

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