Town of Freedom

Application for Permit for the Display of Fireworks

Event Sponsor _____
PRINT ALL INFORMATION

Event Name _____

Display Date(s) _____ Display Time(s) _____

Location of Event _____
PHYSICAL ADDRESS OR RURAL DIRECTIONS

Local Contact Person _____ Phone _____

Display Organization _____
PRINT ALL INFORMATION

Mailing Address _____

City _____ State _____ Zip Code _____

Person In Charge of Firing the Display

Name _____

Address _____

City _____ State _____ Zip Code _____

Drivers License Number _____ State _____

Certification or License # _____

Certifying or Licensing Agency _____

Assistants and Technicians

Name	Age	Experience	Physical Description

The Number and Kind of Fireworks to be Discharged

Number	Description

Describe the Manner and Place of Storage for Fireworks

Attach a Diagram of where the proposed display will be held. Include the location of all buildings, highways, power lines, cable and telephone lines, combustible vegetation and any other overhead obstruction that is within 300 feet of the proposed display. Include in the diagram the minimum safety setbacks for spectators of 200 feet and the location of any other safety features or requirements as deemed necessary.

Indemnity Bond, Financial Responsibility, Attorney of Record

Attach the following record as indicated by Town Ordinance Pertaining to Fireworks

☐ Indemnity Bond ☐ Financial Responsibility ☐ Attorney of Record

Applicant's Signature _____ **Phone Number** _____

I agree to comply with all applicable codes, statues and ordinance and with the conditions of this permit; understand that the issuances of the permit create no legal liability, express or implied, on the state of municipality; and certify that the above information I accurate. I expressly grant the building inspector, the fire inspector or those inspector's authorized agents, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work that is being done.

AUTHORIZATIONS:

Having reviewed the above information I hereby Accept ☐ Conditional Acceptance ☐ Deny the Application

Chief of Police _____ Date _____

Approval Conditions: This permit is issued pursuant to the following conditions. ☐ See attached for conditions of approval.

Having reviewed the above information I hereby Accept ☐ Conditional Acceptance ☐ Deny the Application

Fire Chief _____ Date _____

Approval Conditions: This permit is issued pursuant to the following conditions. ☐ See attached for conditions of approval.

Having reviewed the application and recommendations I hereby ☐ **Grant** ☐ **Deny**
The Permit for the Public Display of Fireworks under the power granted to me by Wisconsin State Statute 167.10(3)(a)

Town Chairperson _____ Date _____