Town of Stanley

Barron County, Wisconsin

Application for Fireworks Use Permit

Date of application:
Name of Business or Group:
Name of Individual Applicant:
Address:
Phone Number(s):
Date and Time of proposed fireworks use:
Location of proposed use (if different from address above)
Type(s) of fireworks you wish to use:
Location where fireworks will be stored prior to use:
Describe fire and safety precautions at the premises where fireworks will be stored and used:
Provider of Liability Insurance:
APPLICATION APPROVED / DENIED Town Chair:

WE the undersigned, living within 400 feet of the location proposed for the use of fireworks as listed on the opposite side of this application, have no objection to the fireworks display as described and give our consent to the Town of Stanley for the issuance of the use permit. Such consent does not waive the right to seek compensation for any damages caused by the display.

Printed Name	Address	Signature