FIREWORKS USE PERMIT
WISCONSIN STATUTE 167.10 (3)

STATE OF WISCONSIN
COUNTY OF DUNN
TOWN OF SPRING BROOK

TYPE OF PERMIT: _____

PERMIT HOLDER: _____

MAILING ADDRESS: _____

_____

PHONE NUMBER: (day) _____ (evening) _____

PURCHASING DATE OF FIREWORKS: _____

CLASSIFICATION: _____ QUANTITY: _____

DATE OF PERMITTED USE: _____

LOCATION OF PERMITTED USE: _____

_____

OTHER CONDITIONS: _____ Fire Department and the Dunn County Sheriff's Department are to be notified two days in advance; a copy of permit to be furnished.

_____ assumes liability for injuries to persons or property arising out of use of the fireworks. Permittee agrees to hold Town of Spring Brook harmless from all claims and damages that may arise from use of fireworks.

_____

Applicant's Signature Date

_____

Authorized Signature: Date
Mary L. Strand, Clerk
Town of Spring Brook