

If you have questions about completing this form, please call (920) 565-3700. Please return completed application to Mosel Town Clerk-Treasurer, W982 County Road FF, Sheboygan, WI 53083-5136.

Application for Fireworks Permit

PLEASE PRINT

NAME _____ Circle: Male / Female

BIRTHDATE _____ HOME PHONE _____

ADDRESS _____
Street City State Zip

A permit may only be issued to one of the following. Please indicate which is applicable:

- Public Authority Fair Association Amusement Park
 Park Board Group of Resident or Non-resident Individuals
 An Agricultural Producer for the protection of crops

ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

All questions on this application must be answered completely and accurately before it can be processed. Failure to do so could result in a delay or rejection of the application.

1. Date(s) you plan to purchase fireworks: _____

2. Date and time you will discharge fireworks: _____

3. Location from which you will discharge fireworks (address and physical description): _____

4. List exactly what types of fireworks you will be discharging and the quantity of each:

5. Does the applicant have liability insurance to cover the discharge of the requested fireworks?
(Proof of insurance is required before permit will be issued.) (Please circle) YES NO

CERTIFICATION

I hereby certify that the information provided on this application is true and correct. I agree to abide by all regulations applicable to fireworks as required by Section 167.10, Wisconsin Statutes.

SIGNATURE OF APPLICANT _____ DATE _____