

Village of Ashwaubenon
Village Clerks Office
1155 Holmgren Way
Ashwaubenon, WI 54304

Permit Fee \$50.00

Date Paid: _____

Fireworks Users Application and Permit

Permit Holder: _____

Address: _____

Person signing below is a representative or agent for the permit holder which is a (Circle one): Public authority, Fair association, Amusement park, Park board, Civic organization, Group of resident or non-resident individuals, an Agricultural producer who will use the fireworks for protection of crops from predatory birds or animals.

I HERBY AGREE: (1) to furnish the Village of Ashwaubenon Public Safety Department, a list of all fireworks purchased under this permit prior to their use; (2) this permit is valid only for the date(s) of issue; (3) to comply with all Wisconsin Statutes and the Village of Ashwaubenon Ordinances now in effect; (4) to file certificate(s) of insurance naming the Village of Ashwaubenon as an additional insured for the fireworks display held under this permit in an aggregate amount of \$1,000,000.00 or more, not less than 15 days prior to the issuance of this permit; (5) a violation of any of the above shall be cause for permit to be immediately denied or revoked by the Village of Ashwaubenon Public Safety Department.

The aerial and ground fireworks display to be held at:

Address: _____

Kind and quantity of fireworks to be purchased: _____

(If there is a long list please attach it to the back of this application)

Date(s) and time of actual display: _____

Cancellation rain date: _____

Address fireworks will be stored at: _____

City, Town or Village of: _____

I certify the above information is correct.

Signature of permit holder

Witnessed by

Type or print name

Type or print name

This permit is valid for _____

Approved by Public Safety Director or Designee

Name: _____

Permit No. _____

Title: _____

Date Issued: _____