

**FIREWORKS PERMIT
TOWN OF FOREST, RICHLAND CO, WI**

ALL FIREWORKS PERMITS HEREIN MUST BE SET OFF BEFORE 11:30 PM FOR THE DATE OR DATES ISSUED

The Town of Forest or any of its representatives shall not be responsible for any damages caused by the display of fireworks herein permitted. This is solely the responsibility of the person(s) applying for the permit.

This permit is being issued in accordance with Section 167.10, Wis. Stats., with respect to the use of what are defined by the Town Board to be fireworks within the Town boundaries.

The Town of Forest has the right to cancel any and all fireworks permits at any time to maintain the safety of the town and its residents.

NAME: _____
Name of Individual(s), Group, or Organization

ADDRESS: _____
Street Address / City / State / Zip Code

SPECIFY TYPES AND QUANTITIES OF LEGAL (Consumer Fireworks) FIREWORKS TO BE USED:

DATE OF FIREWORKS USE: _____
Month / Day / Year

Location of Fireworks Use: _____

The property is owned by _____,
Name / Street Address / City / State / Zip Code

and the above-stated property owners are aware of this scheduled fireworks display.

This permit is null and void unless fire conditions are either “low” or “moderate”. The permit holder is required to verify fire conditions within 48 hours prior to detonation by contacting the Wisconsin Dept. of Natural Resources either by telephone at 1-888-WIS-BURN (947-2876) for daily restrictions or via their website at:

<https://dnr.wi.gov/topic/forestfire/restrictions.asp>

The PERMIT HOLDER shall notify the Viola and/or La Farge Fire Protection District and the Richland County Sheriff’s Department of this fireworks permit at least two days before the date of the authorized use. This permit is not valid until signed by both parties.

I have read and understand this application and agree to adhere to the Town of Forest Fireworks Ordinance.

Signature of Applicant: _____ **Phone:** _____
Name of Responsible Individual

Permitting Official Signature: _____
Name & Title of Town of Forest Elected Official

Date: _____