

Town of Mount Pleasant, Green County, Wisconsin

Fireworks Permit

Please download and complete starred areas (*) on attached form.
Mail, e-mail, or deliver completed form to:

Joni Waelchli-Buehl
Town of Mt. Pleasant clerk
N6903 Marshall Bluff Road
Monticello, WI 53570

townclerk@townofmtpleasantwi.com

The class of firework and approximate quantity to be fired must be included on the form. Federal law requires all consumer class fireworks to be labeled with appropriate rating.

Upon approval, the Fireworks Permit will be mailed or e-mailed to the address on the permit application.

If you would like the approved permit sent to an email address, please include a valid email address in the contact information section.

Permit is void if a burning ban has been issued for the Town of Mount Pleasant during the requested date(s).

Town of Mount Pleasant, Green County, Wisconsin

Fireworks Permit

Wisconsin statute 167.10 prohibits the use or possession of fireworks, as defined under 167.10 (1), without a user's permit issued by the mayor of a city, president of a village or chairperson of a town in which the possession or use is to occur. Permits can only be issued to one of the following; 1) a public authority; 2) a fair association; 3) an amusement park; 4) a park board; 5) a civic organization; 6) a group of resident or nonresident individuals; 7) an agricultural producer for the protection of crops from predatory birds or animals. NOTE: Permits cannot be issued to a minor; they must be 18 years of age, under 167.10 (3) (h). A copy of this permit shall be on file with the clerk of the city, village or town.

<https://docs.legis.wisconsin.gov/statutes/>

This fireworks permit is to be issued to:

(Print the name and address of the public authority, fair association, amusement park, park board, civic organization, group of resident or non-resident individuals or agricultural producer of crops)

*Name: _____

*Address: _____

*Contact Name: _____

(Print the name of the person authorized to represent the permit holder and their phone number)

*Phone Number _____

*Email Address (optional): _____

*The class and quantity of fireworks, requesting to be used: _____

(If firing anything other than "Consumer Class" as defined by A.T.F, applicant must include a copy of Federal explosives license (F.E.L) or permit from A.T.F. for dates specified below)

*Location of the use of the permitted fireworks: _____

(Insert the physical address i.e. W3120 Center Road)

*Date(s) requesting to use fireworks: _____

(The date the permit holder may detonate fireworks)

*Special conditions (optional): _____

(The issuing authority may list other conditions, which will void this permit i.e. high fire danger. Or such other special requirements that the permit holder must adhere to prior to the use or during the use of the permitted fireworks)

*Signed: _____

(Signature of the person requesting permit or authorized to represent the permit holder)

The permit holder is required to send a copy of this permit to the Green County Sheriff's Department, at least 2 days prior to the date of authorized use of the listed fireworks.

Permit is void if a burning ban has been issued for the Town of Mount Pleasant during the requested date(s).

The above-signed authorized person by their signature understands that any violation of this permit or the regulations set by state statute can result in the confiscation of fireworks and the issuing of citation/s that include a forfeiture not to exceed \$1,000. Further, should the use of fireworks of any kind start a fire, the responsible party will be liable for the fire suppression costs and may be issued citations.

Permit issued this date: _____

Issued to: _____

(Name of permit holder i.e.individual, public authority or group of residents etc.)

Issued by: (Print name and title) _____

(Township Chairperson or representative)

Signature: _____

(Township Chairperson or representative)

Date: _____

Permit is not valid until signed by the Town of Mount Pleasant Chairperson or Town of Mount Pleasant Clerk.