

TOWN OF STARK VERNON COUNTY WI
FIREWORKS APPLICATION/PERMIT FORM

This permit is for individual use of fireworks at the location listed on the fireworks display date. A separate application must be completed for each day requested. The Town of Stark requires proof of Liability insurance.

Name of Applicant

Address of Applicant & Phone #

Location of display (only if different from address of applicant)

DATE: State law requires this permit to specify the date the fireworks will be used. The State Attorney General's Office has determined that the permit must give a single specific date on which the fireworks may be used. _____.

I certify that I am familiar with all Federal, State, and Local laws and regulations pertaining to the display of fireworks, and if granted said permit, do agree with and obey all provisions thereof.

Applicant Signature

Date

Town of Stark Signature

Date