

Town of Excelsior

Fireworks Permit

Note: All permits must be approved by the Town of Excelsior Town Chair prior to proceeding.

Applicant name: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Display date: _____

Display address: _____

The applicant agrees to release the town and town board members from any and all personal and/or property liability that may result from this display. The applicant further agrees to accept any liability for any and all personal and /or property liability damage that may result from this display. A copy of the applicant's liability insurance shall be provided with submission of this permit.

The applicant must provide a copy of this approved permit to the appropriate fire department for the display site and the Sauk County Sheriff's office a minimum of two days prior to the display date. Failure to do so will render this permit null and void.

Description & quantity of fireworks:

Qty	Description	D.O.T. Class

Signature of applicant: _____

Today's date: _____

Note: Fireworks for this purpose may be purchased any time after approval of this permit. All fireworks must end by 11:00 p.m.

Town Chair approval: _____ Date: _____