



2024 TOWN OF POLK FIREWORKS PERMIT

Applicant: _____

Event Name: _____

Date and Time of Display: _____

Location of Display: _____

Telephone No. of Permit Holder: _____

Fireworks Company: _____

Contact on Site: _____

Please include with Application:

1) Certificate of Liability Insurance

(The applicant shall file with the Town Clerk a certificate of liability insurance issued by an insurance company authorized to write such policies in the State of Wisconsin in the amount of \$1,000,000 for bodily injury to any one person, in the amount of \$2,000,000 for injury to more than one person, and in the amount of \$1,000,000 for damage to property that may arise by reason of use or discharge of fireworks under the permit. The Town of Polk shall be named as one of the insureds in said policy of insurance.)

2) A Copy of the Executed Contract with Fireworks Company

3) List and Size of Fireworks to be Used at Event

4) A Copy of the Site Plan where the Fireworks will be used

5) A copy of ATF (Bureau of Alcohol, Tobacco, Firearms and Explosives) license

6) Fee: \$50.00 Cash or Check to Town of Polk

IMPORTANT: A copy of all event information **MUST** also be submitted to the responding Fire Department. (Please contact the Town Clerk to determine correct Fire Department). The Fire Department will review application and provide a recommendation to the Town Board when permit is considered.