

CITY OF WISCONSIN DELLS
PERMIT APPLICATION FOR:
FIREWORKS DISPLAY

Fee: \$150 Per Display Event

Date and Time of Proposed Fireworks Display: _____

Location of Event: _____

Type of Event: _____

Applicant Name: _____

Applicant Cell Phone: _____ Email Address: _____

Company Name & Owner: _____

Address of Company: _____

Company Phone: _____

Name of Pyrotechnician: _____

Date of Birth (must be at least 21 years old): _____

- Attach a Certificate of Liability Insurance in an amount not less than \$1,000,000 listing the City of Wisconsin Dells as an additionally insured.
- Attach written proof of training by a qualified pyrotechnics instructor.

Signature of Applicant

Date

Property Owner Name: _____ Property Owner Phone #: _____

LLC/Business Name: _____ Business Phone #: _____

Mailing Address: _____ Email: _____

Signature of Property Owner

Date

Subject to compliance with Wisconsin Dells Municipal Code chapter 16.20(5) and 9.11

Date Approved: _____ day of _____, 20__

Date Denied: _____ Reason(s): _____

Utilities _____ Taxes _____ A/R; Other _____ Parking _____ Court _____

Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license. Rev. 02/23