



**TOWN OF SCOTT**  
Burnett County, Wisconsin  
**Application for Permit to Display Fireworks**

Permit Holder Information:

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Permitted Use: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Permitted Use: \_\_\_\_\_

Display site property owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Date on and after which fireworks may be purchased: \_\_\_\_\_

Approximate quantity and general kind of fireworks which may be purchased:

\_\_\_\_\_  
\_\_\_\_\_

Applicant agrees to hold harmless the Town of Scott, its officials and employees and further agrees to assume all liability for damages arising from use of the above stated fireworks including bodily injury and property damage.

A copy of this form shall be given to the Town of Scott Fire Chief a minimum of two (2) days before the date of authorized use.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Applicant

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Town Chairman / Town Clerk

**NO PERSON MAY POSSESS OR USE FIREWORKS WITHOUT A COPY OF THIS PERMIT, SIGNED BY THE TOWN CHAIRMAN OR TOWN CLERK OF THE TOWN OF SCOTT, IN THEIR POSSESSION.**