

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 Chairperson / Town Clerk

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