

TOWN OF SHELBY

County of La Crosse

State of Wisconsin



2800 Ward Ave

La Crosse, WI 54601

Phone: (608)788-1032

Email: info@townofshelby.com

APPLICATION FOR FIREWORKS USE PERMIT

- No one may use or purchase fireworks (defined in Wis. Stat. §167.10(1)) without a permit within the Town of Shelby at any time.
- An insurance policy or insurance bond in the amount of \$500,000.00 is required. Proof of insurance or bond must be submitted with this application.
- You must complete the entire permit application. Incomplete applications will not be considered for approval.
- The permit fee is \$300.00.

Pursuant to Shelby Ordinance 2.16, the following hereby applies for a permit to possess, and/or use fireworks in the Town of Shelby.

Name(s) of Applicant: _____

Address: _____

Daytime Phone Number: _____ DOB: _____

Date Requested for Use of Fireworks: _____

Where Fireworks Will Be Displayed? _____

Kind and Quantities of Fireworks: _____

Fireworks Purchased from: _____

Classification of Applicant:

- | | |
|--|---|
| <input type="checkbox"/> Public Authority | <input type="checkbox"/> Business |
| <input type="checkbox"/> Fair Association/Amusement Park | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Park Board | <input type="checkbox"/> Group/Organization |

Proposed Location for Storage of Fireworks: _____

Safety Precautions to be Provided During Permitted Use: _____

What Safety Equipment will be Installed and Maintained During Permitted Use? _____

Purpose of Display. ID Group(s) Involved: _____

Diagram of the Grounds. Show Fireworks Ignition Area, Public Restraining Area and Area Where Public will be Located:

Dated this the _____ day of _____, _____

Signed

Signed

Printed Name, Title

Printed Name, Title

******FOR OFFICE USE ONLY******

RECEIVED BY: _____ DATE RECEIVED: _____

DATE APPROVED BY TOWN CHAIRPERSON: _____ PAYMENT RECEIVED: Y/N