

City of Wisconsin Dells

Application for:

FIREWORKS DISPLAY PERMIT

Fee: \$125

Date and Time of Proposed Fireworks Display: _____

Name of Company: _____

Name of Company Owner: _____

Address of Company: _____

Daytime Telephone Number: _____

Cell Phone Number: _____

Name of Pyrotechnician: _____

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

Location of Event: _____

Type of Event: _____

- 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 Company Owner

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

Date Approved: _____ day of _____ 20__

Date Denied: _____ Reason(s): _____