

Village of Wittenberg

208 W. Vinal Street

P. O. Box 331

Wittenberg, WI 54499

Phone (715) 253-6063

FAX (715) 253-3772

APPLICATION FOR PERMIT TO DISPLAY FIREWORKS

Name of Event: _____

Name of Organization Sponsoring Event: _____

Address of Organization: _____

Name of Applicant: _____

Telephone: _____ E-Mail Address: _____

Organization's On-Site Manager or Contact for Day of Display: _____

Contact's Cell Phone Number of Day of Display: _____

Date & Time of Event: _____ Rain Date? _____

Exact Location of Shoot/Display _____

Size and Type of Display: _____

Name of Fireworks Supplier: _____

Name of Display Operator/Responsible Shooter *who will be present on day of event*

Signature of Applicant: _____ Date: _____

Signature of Display Operator: _____ Date: _____

Fee Due: \$25.00

Fire Inspector: _____