

APPLICATION FOR PERMIT TO DISPLAY FIREWORKS

(For more information see Wisconsin Statutes Section 167.10)

7669 County Highway PD . Verona WI 53593. PH 845-7187. Fax 845-7143.

Please submit Fireworks Application at least 10 days prior to the requested date (s) for consideration by Town Chair Mark Geller.

Name of Event					
Requested By (Permits may not be i	ssued to minors. Parents and	d guardians may	not allow a m	inor to use re	stricted fireworks.)
Address					
Name of Person in Charge	2				
Phone		E-mail			
Date of Event(A separate permit is	required for each separate da	Time Ran	ge of Event_	(Sta	rt/End Time)
Rain Date		Time Ran	ge of Event		
Exact Location of Shoot /	Backyard Family Displ	lay			
	(The name - Town	of Verona alone	e is not enough	ı.)	
Quantity, Size & Type – (The term "Class C" fireworks			ach kind of fir	eworks, not j	ust broad categories.
Quantity Size	Туре	Quantity	Size		Туре
Names of Operators of Di			Phone:		
Fire Protection Equipmen				Phone:	
Water Pails Garden Hose	Fire Extinguisher	Shovels	Rakes	Otho	er:
A copy of the permit must and the Verona Fire Departure a copy. Section 167.10(g)	ertment at least two day		ate of autho	rized use.	
Signed(A copy of the driver's license s	Dar hall be attached to the applic	te cation.)			