TOWN OF STEPHENSON
MARINETTE COUNTY
CRIVITZ, WISCONSIN 54114

APPLICATION FOR FIREWORKS PERMIT

All questions / blanks **MUST** be completed.

NAME_____ DOB_____

ADDRESS_____

CITY_____STATE_____ZIP CODE_____

HOME PHONE_____BUSINESS PHONE_____

REQUESTED DATE OF DISPLAY_____

TIME OF DISPLAY_____

LOCATION OF DISPLAY_____

_____

KIND & QUANTITY OF FIREWORKS_____

_____

WHERE PURCHASED_____

PROPOSED LOCATION OF STORAGE PRIOR TO USE_____

_____

Classification of applicant as noted in Sec 167.10(3)(c) Wis. Stats. _____ See Ordinance / Exhibit A

Applicant - go to page 2

AREA BELOW FOR OFFICIAL USE ONLY

DATE OF INSPECTION_____

PERMIT ISSUED _____ DENIED_____

IF DENIED, REASON FOR DENIAL_____

PERMIT # T-_____ SIGNATURE OF INSPECTOR_____

COMMENTS:_____

_____

Describe safety projections to be provided during permitted display._____

_____

_____

_____

Describe fire safety equipment to be installed and maintained during permitted display.__

_____

_____

_____

Diagram of the ground demonstrating fireworks ignition area, public restraint area, and area where public will be located is on backside of page 1.

Type and amount of security and sanitation personnel to be provided and maintained for security and sanitary projections. _____

_____

_____

Purpose of display and group or groups involved._____

_____

_____

Have you been arrested and/or convicted of any crimes listed in the Ordinance? If so, indicate dates and details._____

_____

_____

_____