Fireworks Permit Application

A permit is requested for possession or use of fireworks within the Town of Drummond, in accordance with Section 167.10 of the Wisconsin Statutes.

1. Mailing address of permit holder:
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   Phone ____________________                                  Phone ____________________
   Fax______________________                                   Fax_______________________

2. The kind and quantity of fireworks to be purchased (attach a list).

3. The date of use ______________________

4. Location of use (attach copy of plat or other map, showing location of use).

5. Permit holder is (circle one):
   A. A public authority
   B. A fair association
   C. An amusement park
   D. A park board
   E. A civic organization
   F. A group of resident or nonresident individuals
   G. An agricultural producer for the protection of crops from predatory birds or animals.
   H. Other (please explain)___________________________________________

6. Keep a signed copy with you while setting off your fireworks, and present it to law enforcement upon request.

7. Be aware of any High Fire Danger before setting off any fireworks.
   (You can do so by going to the WI DNR Website). Be aware if your fireworks cause property damage, or start a fire you will be held responsible for all cost incurred.

8. This permit is only valid from the hours of 8am until 11pm of that day.

9. Be aware this permit only entitles you to shoot off class C fireworks. (class B and A fireworks can only be possessed by certified personal)

10. Request must be received at least 48 hours prior to your event. Permit is not valid until signed by Authorizing Authority and returned.

I, the undersigned, do affirm that I have read and understand the requirements of Section 167.10, Wisconsin Statutes.

Signature required _____________________________    Date ____________

Return completed form to:   Drummond Fire & Rescue
                             P O Box 24
                             Drummond, WI 54832
                             Email:drumsandist@cheqnet.net
                             Fax 715-739-6740

APPROVED BY AUTHORIZING AUTHORITY ____________________________

DATE ______________________