



# CITY OF OWEN

PO Box 67, Owen, Wisconsin 54460  
Phone 715-229-2404 Fax 715-229-0022

## Fireworks Permit Application

For the display of Fireworks

New Permit       Renewal Permit       Late Renewal       After the Fact Permit

### Permit Applicant:

\_\_\_\_\_

Last Name

First Name

\_\_\_\_\_

Project physical Address

Mailing Address

\_\_\_\_\_

City

State

Zip Code

Telephone/Cell Number

### Type of Organization:

- A public authority
- A fair association
- An amusement park
- A park board
- A civic organization
- A group of residents or nonresident individuals
- An agricultural producer for the protection of crops from predatory birds or animals

Name of Organization: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Approx. Time: \_\_\_\_\_

Description and Location of Fireworks Display:  
\_\_\_\_\_  
\_\_\_\_\_

Who will be igniting the Fireworks? \_\_\_\_\_

Copy of Insurance Liability Attached to Application:      **YES**      **NO**

The above named applicant agrees to contact the Fire Chief at least **TWO DAYS** prior to the date of authorized use:      **YES**      **NO**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Fees Paid: \_\_\_\_\_

(See Schedule of Fees)

Permit Issued By: \_\_\_\_\_