

**FIREWORKS PERMIT**

**ALL FIREWORKS MUST BE SET OFF BEFORE 11:30PM FOR THE DATE ISSUED**

* **A fee of $5.00 per day is to be paid to the Town to obtain a permit, to cover administrative costs.**
* **A copy of your homeowner’s insurance liability page must be included with application.**
* **Only fireworks legal to use in Wisconsin are permitted.**

**The Town of Barnes or its representatives shall not be responsible for any damages caused by the display of fireworks herein permitted. This is solely the responsibility of the person(s) applying for the permit.**

***The Town of Barnes has the right to cancel any and all fireworks permits anytime***

***in order to maintain the safety of the town and its residents.***

**NAME:**

Name of Individual, Group or Organization (or group of individuals applying as a group)

**ADDRESS:**

Street Address City State Zip Code

**PHONE NUMBER YOU CAN BE REACHED AT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**QUANTITY OF FIREWORKS: $** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Dollar Amount)

**DATE OF FIREWORKS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Month/Day/Year)

***FIREWORKS ARE PERMITTED IN THE TOWN OF BARNES ONLY FOR THE TIME PERIOD OF: ONE (1) WEEK BEFORE and ONE (1) WEEK AFTER THE FOURTH OF JULY***

***OR ON DESIGNATED SPECIAL EVENTS WITH APPROVED PERMIT***

**I have read and understand this agreement and will comply with all conditions according to the Town of Barnes Fireworks Ordinance.**

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOWN CLERK SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**FIRE CHIEF SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**TOWN CHAIR SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**TOWN SEAL MUST BE AFFIXED FOR AUTHORIZATION:**

**CC: Brock Friermood, Fire Chief**

**Bayfield County Sheriff Department**

**Town Chairman**