## STATE OF WISCONSIN TOWN OF CROSS, BUFFALO COUNTY FIREWORKS PERMIT APPLICATION

Name of Applicant:

Address:

Type of Organization: A public authority

A fair association An amusement park

Circle one A park board

A civic organization

A group of resident or nonresident

Individuals

An agricultural producer for the

Protection of crops from predatory

Birds or animals

Date of Event:

Location of Fireworks Display:

Kind and Quantity of Fireworks:

Copy of insurance liability (if applicable) attached? Yes No

Date of Application:

Signature of Applicant:

Return to Leonard Litscher Town of Cross Chair **Application must be received at least seven (7) days prior to date of use/event.**