

TOWN OF PLYMOUTH

120 Suhrke Rd Plymouth, WI 53073 920-893-5713 clerk@townofplymouth.wi.gov

Fireworks Permit Application

\$100

LOCATION _____ PERMIT # _____

Name of Organization _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Organization is Public Authority _____ Civic Organization _____ Other _____ Exempt _____

Contact Person _____ Phone _____

Email _____

EVENT DETAILS

Event Date _____ Start Time _____ End Time _____

Back Up Date _____ Start Time _____ End Time _____

Number and Kind of Fireworks to be discharged: (Attach schedule if necessary) _____

Person in charge of firing display

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Experience _____

Physical characteristics _____ Age _____

Liability Insurance policy issued in amount of \$1,500,000 naming Town of Plymouth as additional insured

Copy attached YES _____ NO _____ (If NO, Permit will not be issued)

Location and manner of storage of fireworks before event: _____

A diagram of the grounds on which the display is to be held showing point of which the fireworks are to be discharged; Location of all buildings, highways and other lines of communication; the lines behind which the audience will be restrained; location of all nearby trees, utility pole and lines, and all other overhead obstructions must be attached.

Applicant Signature _____ Date _____

Make Check Payable to "TOWN OF PLYMOUTH" and mail or drop off with completed application.

Permit Fees are non-refundable

For Town Use Only	
APPROVED _____	DENIED _____
Fire Chief: _____	Date _____
Town Chairman _____	Date _____

For Office Use Only

Date Received _____ Paid \$ _____ Check # _____ Cash _____