

# City of Wisconsin Dells

Application for:

## FIREWORKS DISPLAY PERMIT

Fee: \$125

Date and Time of Proposed Fireworks Display: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Name of Company Owner: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Name of Pyrotechnician: \_\_\_\_\_

Date of Birth (must be at least 21 years old): \_\_\_\_\_

Location of Event: \_\_\_\_\_

Type of Event: \_\_\_\_\_

- Attach a Certificate of Liability Insurance in an amount not less than \$1,000,000 listing the City of Wisconsin Dells as an additionally insured.
- Attach written proof of training by a qualified pyrotechnics instructor.

\_\_\_\_\_  
Signature of Company Owner

Subject to compliance with Wisconsin Dells Municipal Code chapter 16.20(5) and 9.11

Date Approved: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Date Denied: \_\_\_\_\_ Reason(s): \_\_\_\_\_