

**PERMIT TO POSSESS AND DISPLAY FIREWORKS
VILLAGE OF STOCKBRIDGE
CALUMET COUNTY, STATE OF WISCONSIN**

DATE _____

TO WHOM IT MAY CONCERN:

Application having been made in accordance with the laws of the State of Wisconsin, this permit is issued to:

Name _____

Address: _____

Right to exhibit display fireworks:

Date _____

Please list type of fireworks: And/or Name

Location of Display: _____

Time of Display: _____

Rain Date: _____

In said VILLAGE OF STOCKBRIDGE, Calumet County, Wisconsin.

*A certificate of liability or insurance similar proof of coverage is required when filing for the fireworks permit. It is the applicant's responsibility to consult with their insurance carrier on the amount of insurance needed and proof of coverage.

Approved on _____

(Date)

Village President or Fire Chief