

**TOWN OF SUMMIT
2911 N. DOUSMAN ROAD
OCONOMOWOC, WI 53066**

Application for Fireworks Use

I (we) the undersigned have reviewed the attached copy of the ordinance of the Code of Ordinances of the Town of Summit as well as all other ordinances and/or State Statutes applicable to the permit and meet all terms and conditions of the same.

I (we), the undersigned, fully and completely filled out the necessary application forms and answered all questions to the best of my (our) ability.

I (we), the undersigned, will abide by all terms and conditions set forth by the Town of Summit and will fulfill all necessary requirements.

I (we), the undersigned, do swear to or affirm that all statements contained herein are true and correct to the best of my (our) knowledge.

[Please Print Clearly]

NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

DATE OF USE REQUESTED _____ TIME OF USE _____

APPROXIMATE LENGTH OF USE _____

LOCATION OF DISCHARGE _____

TYPE AND QUANTITY OF FIREWORKS

WHERE PURCHASED _____

PROPOSED STORAGE AREA _____

NAME OF INSURANCE CARRIER _____

NAME OF INDIVIDUAL WHO WILL DISCHARGE IF DIFFERENT THEN APPLICANT

NAME _____ DATE OF BIRTH _____

SIGNATURE OF APPLICANT _____

DATE _____