

# VILLAGE OF VERNON

W249S8910 Center Drive Vernon, WI 53103 • 262-662-2039 Wisconsin

## VILLAGE OF VERNON WAUKESHA COUNTY, STATE OF WISCONSIN FIREWORKS PERMIT APPLICATION

I apply for this permit in accordance with the conditions set forth in the attached Village of Vernon Ordinance #160-24 (dated 03-01-2010)

### 1. APPLICANT NAME & MAILING ADDRESS

a. \_\_\_\_\_  
b. \_\_\_\_\_  
Street City State Zip  
c. PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### 2. PROPERTY ADDRESS OF PREMISE WHERE DISPLAY WILL OCCUR :

a. \_\_\_\_\_  
Street City State Zip

### 3. I APPLY FOR THIS PERMIT AS THE FOLLOWING:

Festival  Celebration  Other

### 4. TO EXHIBIT OR DISPLAY FIREWORKS ON:

a. DATE(S): \_\_\_\_\_  
b. START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_  
c. LOCATION: \_\_\_\_\_  
Street City State Zip  
d. TYPE: \_\_\_\_\_  
e. QUANTITY: \_\_\_\_\_

I certify that I am familiar with all Federal, State and Local laws and regulations pertaining to the display of fireworks, and if granted said permit, do agree with and obey all provisions thereof.

\_\_\_\_\_  
Applicant Signature & Date

\_\_\_\_\_  
Village Attorney  Verification of Certificate of Insurance.

\_\_\_\_\_  
Village Clerk/Administrator Signature & Date

\_\_\_\_\_  
Village President Signature & Date

CC: Fire Chief - Review for Recommendation to Village of Vernon Board.  
revised: 05-31-2021

<b>FOR OFFICE USE ONLY: DATE SUBMITTED</b>

<b>INTERNAL USE ONLY</b>			
<b>\$100.00</b>			
<b>Application Fee: \$</b>	<b>Check #:</b>	<b>Date Paid:</b> / /	<b>Rec'd By:</b>