## TOWN OF TROY ST. CROIX COUNTY, WISCONSIN TOWN FIREWORKS PERMIT

## **APPLICATION**

Name of Permit Applicant:			
Address:			
Phone:			
Phone number during firewo	orks exhibition:		
Specific location, date, and ti	me of firework use:		
Kind and quantity of fireworks that will be purchased			
And possessed in Tov	wn:		
Individuals (adults only) who will handle fireworks			
Permittee has provided a pol	licy of liability insurance, takin in to be made by individuals to recover Signature of permit applican		nt of \$500,000.00
	**************************************		
Insurance Policy received:			
Permit Applicant is a:		public authority fair association amusement park park board civic organization group, resident, or non-resident indiv	viduals
Permit issued:			(date)
	conformity with the statements in		
LOSSESSION OF INTEMOLKS IS BU	thorized from to _	, 20	
 Town of Troy		date	