

WEBB LAKE FIREWORKS PERMIT

Group/Organization _____

Type of Fireworks _____	Quantity _____
_____	Quantity _____
_____	Quantity _____
_____	Quantity _____

Address/location of fireworks possession/storage _____

_____ Webb Lake, WI 54830

Owner's name of storage location (Print) _____

Authorized signature for storage location _____

Address/location of fireworks display/use _____

_____ Webb Lake, WI 54830

Owner's name of location of display (Print) _____

Authorized signature for display location _____

Start Date of fireworks purchase/possession/storage _____

Date of fireworks use/display _____

Individual(s) authorized by group to purchase fireworks _____

Applicant's name (Please print) _____

Applicant's signature _____ Date _____

Applicant's contact information Phone _____

Town Chairman/official signature _____ Date _____

Copy to Police, Fire and applicant at least two days before use