



User's Fireworks Permit

As required by State Statute 167-10(3) State of Wisconsin

Name of Permit Holder: _____

Address of Permit Holder: _____

Location of Permitted Use: _____

Date of Fireworks Display: _____

(Yes or No) Aerial Fireworks Display: ____ Ground Fireworks Display: ____

The Permitted Use Area is covered by fire and liability insurance: YES ____ NO ____

The above-named permittee is granted permission to use fireworks according to the information above. The Town of Sherman is not liable for injury or damages caused by the fireworks for the sole reason of issuing fireworks permit in accordance with state statute s.s. 167.10(3)

Issuing Town Officer, date, and Title: _____

Permittee copy



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State of Wisconsin, Town of Sherman, Iron County

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Clerk Copy