

Town of Doyle

Barron County, Wisconsin

Application for Fireworks Use Permit

Date of application: _____

Name of Business or Group: _____

Name of Individual Applicant: _____

Address: _____

Phone Number(s): _____

Date and Time of proposed fireworks use: _____

Location of proposed use (if different from address above) _____

Type(s) and quantities of fireworks you wish to use: _____

Location where fireworks will be stored prior to use: _____

Describe fire and safety precautions at the premises where fireworks will be stored and used:

Provider of Liability Insurance: _____

APPLICATION APPROVED / DENIED Town Chair: _____

