

# TOWN OF ARCADIA FIREWORKS PERMIT

(Revised February 7, 2016)

## Permit Holder

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SSN or Driver's License number: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

## Permitted Use

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Other special conditions prescribed by ordinance: \_\_\_\_\_

\_\_\_\_\_

(In the event of very dry conditions the Town of Arcadia will consider this permit null and void)

Signature of official of the Town of Arcadia designated to approve issuance of Firework's Permit:

\_\_\_\_\_

Signature, Title

\_\_\_\_\_

Date

By its signature the permit holder agrees to be bound by the terms and conditions of the Fireworks User's Permit Application, the Fireworks User's Permit, and the Town of Arcadia Ordinance 2002.1 regulating the possession and use of fireworks within the Town of Arcadia, Wisconsin, any and all terms and conditions of which are incorporated herein by reference.

\_\_\_\_\_

Signature of Permit Holder

\_\_\_\_\_

Date

**\*\*A \$10 fee is charged by the Town of Arcadia to obtain this permit.**