STATE OF WISCONSIN Town of Bayfield Bayfield County

Fireworks Display Application and Permit - \$50

Any person intending to use fireworks for display is required to hold a permit with the Town of Bayfield in accordance with Section 167.10 of the Wisconsin State and Fireworks Control Ordinance No. 22-01.

Permit holder is one of the following: (circle one) Public authority Park Board **Civic Organization** Fair Association **Agricultural Producer** Amusement Park Group of Individuals Individual Complete the following in print. Name of Organization (if applicable): ______ Name of Applicant (Person Setting Off Fireworks): Home Address of Applicant: Age of Applicant Home Phone of Applicant:_____ Cell Phone of Applicant: Email of Applicant: Does the applicant have experience/knowledge with fireworks displays and fireworks safety, pet safety during fireworks, etc.? Explain:

Year:

Approved:

Permit Number:

| What safety considerations will be taken at this event? |
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| |
| |
| Date of Display : |
| Must Be One of the Following (Circle One): |
| Friday, Saturday, or Federally Recognized Holiday |
| Time of display (Must be between 8:30 PM-10:30 PM) Rain Date if needed: |
| Is this for a specific event? (Wedding, Party, Festival, Etc.) Explain. |
| |
| Estimated Number of Attendees: |
| Name of Property Owner (where display is to be held): |
| Address of Property (where dispay is to be held): |
| Cell Phone of Property Owner: |
| Do you have permission from the property owner to use these fireworks on this property at this date and time? Explain: |
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Draw the site plan for the event, with dimensions and measurements showing where the public display will take place, the firing area, the fallout area, and distances to the audience, buildings, fuel tanks, roadways, public pathways, and bodies of water:

| Date of Purchase of Fireworks: | | | | | |
|--|-------------|-------------|---------------|----------------------|-----------|
| Type Name of Fireworks | | | | | |
| (Please List, Attach additional page if necessary) | | | | | |
| | <u>Type</u> | <u>Name</u> | <u>Number</u> | <u>Decibel Level</u> | Cost Each |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |

Year:

Approved:

Permit Number:

| Total Cost of Fireworks Display: | |
|--|--|
| Maximum Decibel Level of Fireworks to be purchased (Please request information from fireworks vendor): | |
| Location of safe storage of fireworks between purchase and display: | |
| Please attach a copy of insurance policy providing liability and property damage insurance of \$1,000,000 and listing the Town of Bayfield as an additional insured (required) | |
| additional insured (required). | |

Requirements:

- Fireworks cannot be used on or within fifty (50) feet of any body of water.
- Permit issued to a person/location only once per calendar year.
- Fireworks use will be no longer than 30 minutes.
- Fireworks can be used between the hours of 8:30 pm and 10:30 pm.
- Fireworks to end promptly at 10:30 pm.
- Fireworks use on recognized Holiday, Friday, or Saturday evening.
- All information and fee are required by noon 7 days prior to event.

Named person on the permit will be held responsible for compliance with all town, county and state laws, regulations, and ordinances regarding the use of fireworks. Permit holder is responsible for all damage to public and private property and all liability related to the use of fireworks for this permit. The permit holder is required to clean up of all debris within 24 hours subject to a \$50 fine.

This permit may be cancelled by the Fire Chief or Town Chairmen prior to the event due to weather or environmental conditions. The application fee will be refunded in those cases.

The undersigned applicant accepts that this permit, subject to the conditions and requirements listed, holds harmless and indemnifies the

| Town of Bayfield and all its officers, agents, and employees from any claim for injury or damages to persons or property resulting from this |
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| Fireworks Display Application and subsequent approved Permit. |
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| Signature of Applicant and Date |
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| Printed name of Applicant and Date |
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| Signature of Town of Bayfield Chairperson or designee and date |
| Signature of Clerk of Bayfield or designee and date |
| Clerk sent approved permit to sheriff and fire chief as listed: |
| Sent to Sheriff via means and date |
| Sent to Fire Chief via means and date |

Permit Number: Year: Approved: