



FIREWORKS PERMIT APPLICATION

Village Hall
P.O. Box 47
129 West Main Street
Wales, WI 53183
PHONE (262) 968-3968
FAX (262) 968-5649

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

FIREWORKS SHOW LOCATION _____

DATE AND TIME OF SHOW _____

CONTACT PERSON _____ PHONE(____) _____ - _____

EMAIL ADDRESS: _____

FIREWORKS COMPANY DOING THE DISPLAY: _____

ADDRESS: _____ PHONE(____) _____

A Site Plan showing location of launching area must be included

A certificate of liability insurance from the Fireworks Company, in the amount of no less than \$1,000,000.00 must accompany this application. A license fee of \$150 shall be paid to the Village of Wales at the time the application is submitted.

*****Application must be filed with the Village Administrator at least 1 week prior to a Village Board meeting which is the 1st and 3rd Monday of each month. Permit is not valid until application, proof of coverage and permit fee are submitted and the application signed by the Village President.*****

Signature: _____ Date: _____

The applicant agrees to comply with and be bound by all the laws, ordinances, rules, regulations and penalties governing the applicant/business for which this license is applied for.

Official Use Only:

Date Permit Received:		
Village President:	Approved:	Date:
Copy of Permit Sent to Fire Department:	Date:	