

City of St. Croix Falls
710 Hwy 35 South
St. Croix Falls, WI 54024
(715) 483-3929

Fireworks Users Application and Permit

Permit # _____

Name of applicant: _____

Address of applicant: _____

Phone # _____

Date of Purchase: _____ Date of use: _____

Location of Use: _____

Type of Fireworks to be used: _____

Pursuant to City Code 9.05(4)(5)(6)

Proof of Liability Insurance in the amount of \$1,000,000 is required.

The Fireworks User's Permit Fee is \$10.00

Application to be approved by the Mayor or the Mayor's designee.

A copy of the Permit and Proof of Insurance is to be filed with the City Clerk

A copy of the Permit is to be given to Police Chief and Fire Chief at least 2 days in advance of the authorized date of use.

Signature of Applicant _____ Date _____

Mayor

Approved on _____