



**INDIVIDUAL FIREWORKS
APPLICATION/PERMIT FORM**

- Individual applicant must be an owner and resident of real property in the City of Muskego.
- Fee - \$15.00, cash or check payable to City of Muskego.
- All permit applications must be filed between May 1 and June 30.
- This permit is for individual use of fireworks at the location listed and on the fireworks display date (July 2 through July 5 only).
- A separate application must be completed for each day requested.
- Mail form to **Attn: Fireworks Permit, City of Muskego, P.O. Box 749, Muskego, WI 53150 or drop-off in drop box in front of City Hall.**
- A copy of Section 9.03 of the Municipal Code is provided. Please read for all regulations.

Applicant: _____ Telephone: _____
(Owner and resident of real property in the City of Muskego)

Address of Applicant: _____

Location of display, only if different from address of applicant: _____

STATE: State law requires this permit to specify the date the fireworks will be used. The State Attorney General's Office has determined that the permit must give a single specific date on which the fireworks may be used.

_____, 2016 Note: Fireworks can only be used between
Date of fireworks display 4:00 p.m. and 11:00 p.m.

THE FOLLOWING FIREWORKS WILL BE DISPLAYED: State law requires this permit to specify the kind and quantity of fireworks. The Wisconsin Department of Justice has determined that the term "Class C" does not satisfy the requirement.

Please list kind and quantity below. (For example, firecrackers – 50, roman candles – 10)

Specific Kind of Fireworks	Approximate Quantity

I certify that I am familiar with all Federal, State, and Local laws and regulations pertaining to the display of fireworks, and if granted said permit, do agree with and obey all provisions thereof.

Applicant's signature _____ Date: _____, 2016

OFFICE USE ONLY

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Application approved by: _____ Date: _____, 2016
Clerk-Treasurer Staff on behalf of Mayor Chiaverotti

\$15.00 Fee (2-216) #100.01.02.00.4265 Receipt # _____ Amount: \$ _____ Cash _____ Check # _____