Town of Cross Plains Fireworks Permit	
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Individual Group or Organization Name of Permit Holder:	
Age of Individual, Group or Organization Authorized Representative:	
Address of Permit Holder:	+
Phone Number of Permit Holder:	
Date, Hours and Location of Permit Use:	<i>*</i>
Approximate Quantities and Specific Types of Fireworks:	*
Date on or after which Fireworks may be Purchased:	
Insurance Requirements:	
Permit is not valid unless Permit Holder provides an indemnity bond with good of liability insurance for the payment of all claims that may arise by reason of in the handling, use or discharge of fireworks under the permit. The bond or policy Town of Cross Plains and any person injured thereby may bring an action on the own name to recover the damage the person has sustained, but the aggregate is all persons shall not exceed the amount of the bond or policy. The bond or policy permit shall be filed in the office of the clerk of the city, village or town. The bor of the permit shall be filed with the Dane County Sheriff's Department, and Mou Departments at least two days before Date of Permit Use.	juries to person or property from y shall be taken in the name of the e bond or policy in the person's iability of the surety or insurer to cy together with a copy of the and or policy together with a copy
Permit Statutory Authority, Penalties and Limits on Liability	
This permit is issued, and subject to penalties, under Wisconsin Statutes 167.10 employees of Town, is not civilly liable for damage to any person or property careason that the city, village, or town issued a permit in accordance with the requapplicable requirements authorized under 167.10(5), that authorized the purchastireworks.	used by fireworks for the sole uirements of 167.10(3) and any
Date:	
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Chair, Town of Cross Plains

APPROVED: