



Town of Rushford  
3413 County Road K, WI 54963

# FIREWORKS STAND PERMIT APPLICATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**FOR STAFF USE ONLY**  
Permit Number: \_\_\_\_\_  
Application Date: \_\_\_\_\_  
Permits are valid January 1 - Dec 31 of year issued.

Stand Location:  
Address: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Person in Charge: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Is this application accompanied by a public liability and damage insurance policy? YES \_\_\_\_\_ NO \_\_\_\_\_  
How and where will fireworks be stored when stand is closed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant/Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
Print Name Signature Date

Permit Granted: \_\_\_\_\_ Denied: \_\_\_\_\_  
 Approved By: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

<b>FIREWORKS STAND            REQUIREMENTS CHECKLIST</b>	<b>Check When            Received</b>
Application for Fireworks Permit: \$10.00	
Proof of insurance coverage	
Site Plan	

\*\* Fire Inspector must sign after first visit.

**APPLICATION REQUIREMENTS FOR RETAIL SALE OF FIREWORKS**

1. This permit is for the sale of Class C fireworks.
2. Must have at least 1 ABC Fire Extinguisher mounted in plain view and be approved by the fire department inspector
3. At all entrances/exits a "no smoking" sign must be in plain view.
4. This permit is not transferable.
5. Permits must be displayed at all times fireworks are being sold.
6. A person of eighteen (18) years of age or older shall be present to supervise the operation of the stand at all times.
7. Shall notify Omro Rushford Omro Fire Department and request inspection.