

**TOWN OF DEKORRA**  
**Fireworks Display Permit**  
(per Code of Ordinance 6.08 "Fireworks", 12/28/1999)

DATE: \_\_\_\_\_ PERMIT EXPIRES: \_\_\_\_\_

PROPERTY OWNER(S) NAME(S): (1) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(2) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

DATE OF DISPLAY: \_\_\_\_\_ TIME DISPLAY TO BEGIN: \_\_\_\_\_ TIME DISPLAY TO END: \_\_\_\_\_ (2 hour limit)

TYPES OF FIREWORKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOCATION OF STORAGE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF FIRE SAFETY EQUIPMENT AND PRECAUTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CURRENT ZONING: \_\_\_\_\_

NAME, ADDRESS, PHONE NUMBER & DATE OF BIRTH OF ALL PERSONS TO BE INVOLVED IN OPERATION OF THE FIREWORKS DISPLAY:

(1) _____	D.O.B. _____
(2) _____	D.O.B. _____
(3) _____	D.O.B. _____
(4) _____	D.O.B. _____
(5) _____	D.O.B. _____

CERTIFICATE OF INSURANCE ISSUED (copy must be attached):

1) COMPANY NAME: \_\_\_\_\_  
2) AGENT NAME: \_\_\_\_\_  
3) ADDRESS: \_\_\_\_\_  
4) PHONE: \_\_\_\_\_  
5) PREMIUM: \_\_\_\_\_  
6) DATE POLICY ISSUED: \_\_\_\_\_ DATE POLICY EXPIRES: \_\_\_\_\_

**FEE**  
**\$20.00**

**PERMIT VALID FOR DATE AND TIME ISSUED ONLY**

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Office Use Only, Do Not Write Below This Line

\_\_\_\_\_ Application mailed to Owner

\_\_\_\_\_ Application received by Clerk

\_\_\_\_\_ Application presented to Town Board Chairperson

\_\_\_\_\_ Application approved/denied (circle one) Signed: \_\_\_\_\_

Town Board Chairperson

\_\_\_\_\_ Permit Issued to Owner

\_\_\_\_\_ Fee Paid (Amount \$ \_\_\_\_\_, Check # \_\_\_\_\_)

Dated: \_\_\_\_\_

\_\_\_\_\_  
Dekorrra Town Clerk

**SEND TO:**

**VICKI L. AUCK**

**DEKORRA TOWN CLERK**

**POST OFFICE BOX 536**

**POYNETTE, WI 53955-0536**

**PHONE: (608) 635-2014**

**FAX: (608) 635-2855**

**EMAIL: [dekorrra@centurytel.net](mailto:dekorrra@centurytel.net)**

**MAKE CHECK PAYABLE TO:**

**TOWN OF DEKORRA**