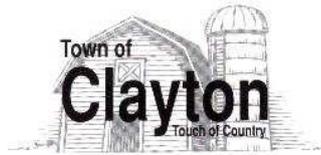


State of Wisconsin



Winnebago County

**Fireworks Use Permit**

Town of Clayton  
8348 County Road T  
Larsen, WI 54947  
Phone: (920) 836-2007  
Fax: (920) 836-2026  
[tocclerk@new.rr.com](mailto:tocclerk@new.rr.com)

Applicant: \_\_\_\_\_  
(Print Name) (Print Name)

Address: \_\_\_\_\_  
(Address) (City) (State) (Zip Code)

The applicant(s) are granted permission to purchase fireworks on and after  
.....(today's date) of the following kind and quantity  
.....(insert type and amount) to be  
used on .....(date of use) at .....(location of  
use). This permit is restricted to the above conditions.

Applicant must meet all requirements as set forth by state law, Chapter 167, Sub-  
Section 167.10.

The applicant(s) does hereby assume full responsibility for any damages  
sustained by persons or property in the vicinity of the location given in the Town  
of Clayton, resulting from said fireworks display. The fireworks are to be fully  
supervised by party or parties listed above.

Permit granted on: \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Town Chairperson

\_\_\_\_\_  
Town Clerk/Deputy Clerk