

Fireworks Permit Application

a. The name, address, phone number and email address of the permit holder. If an entity, a contact person must be named.

---

---

b. The date(s) which fireworks may be purchased and/or used.

---

---

c. The general kind and approximate quantity of fireworks which may be used and/or purchased.

---

---

d. The date and location of permitted use.

---

---

Sent this permit application to the town clerk:  
Email: [Stockbridgeclerk@gmail.com](mailto:Stockbridgeclerk@gmail.com)

Mail: N5024 Long Road Chilton, WI 53014