

Proof of insurance attached: YES NO

Town of Eagle Point, Chippewa County, Wisconsin

Fireworks Sales Permit

Permit Issued To:		(company or individual)	
Address:	City:	State:	Zip:
Federal Tax ID Number or Sc	ocial Security Number:		
Location of Stand:	Ou.	C. .	
Address:	City:	State:	Zip:
Contact Information:			
Name:	Phone: _		
Address:	City:	State:	Zip:
Permit Valid Date:			
Date:	to:		
Hours of Operation:	to:	_	
This permit is used pursuant the Town of Eagle Point shal transportation, handling, sto from the sale of the firework	I not be held liable for ac orage or use of the firewo	cident or injury oc	curring during the
A permit fee of \$200.00 (not authorized by the Town C Permits are approved at To	hairman prior to the sale	of any fireworks a	at the above location.
Permit Holder Signature		Date:	
Town Chairman Signature: _		Date:	
	Dennis Ferstenou		