

# TOWN OF PACKWAUKEE, MARQUETTE COUNTY APPLICATION FOR FIREWORKS PERMIT

**\*\*PLEASE PRINT\*\***

Applicant Name:				
Address:		City, State:		ZIP:
Phone Number:		Email:		
Date on or after which fireworks will be purchased:				
Date of Use:		Hours of Use:		
Location of Use:				
<b>APPROXIMATE QUANTITY OF FIREWORKS</b>				
Artillery:	Cakes:	Firecrackers:	Fountains:	
Missiles:	Rockets:	Roman Candles:	Spinning Wheels:	
Other - Specify and Give Approximate Quantity:				

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_