## **Fireworks Use Permit**

**Town of Clayton Town Hall** 

8348 Hickory Ave Larsen, WI 54947 Phone: 920-836-2007

Email: clerk@claytonwinnebagowi.gov Website: https://www.townofclayton.net/



Applicant(s):			
(Print Name(s)			
Address:(Street)	(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		(inser	t type and amount) to be
used on (date of use) at	t		(location of use).
This permit is restricted to the above conditions.			
Applicant(s) MUST meet all requirements as set forth by	by state law, Chapter 167,	Sub-Section 167.10.	
The applicant(s) does hereby assume full responsibility given in the Town of Clayton, resulting from said firework.  Permit granted on:			
Applicant Signature	Town Cha	irperson Signature	
Town Clerk/Deputy Clerk Signature			
ee:		Date Paid:	