

FIREWORKS DISPLAY APPLICATION

City of Osseo
13712 – 8th Street
P O Box 308
Osseo, WI 54758
(715) 597-2207

DISPLAY PERMIT

FEE \$10.00

DATE: _____

Date of Display: _____ **Location of Display:** _____

Name of Business Requesting Permit: _____

Address: _____ **City:** _____ **State:** ____ **Zip Code:** _____

Telephone Number: _____

Person(s) Igniting Fireworks: _____

A "Certificate of Insurance" must accompany this application.

I certify that I am familiar with State Statute 167.10 and the City of Osseo Code of Ordinance Section 7-7-1 and Section 11-2-6 regarding the regulation of fireworks, and Title 49, Code of Federal Regulations, Part 173.100(r) regarding classifications of fireworks, and hereby agree to abide by the regulations.

Business Signature: _____ **Permit Authorization:** _____