CITY OF SHEBOYGAN
REQUIREMENTS FOR FIREWORKS DISPLAYS

- ☐ Every application shall be made no less than forty-five (45) days prior to the proposed display.

- ☐ Each applicant shall provide a Certificate of Liability Insurance with the certificate holder designated as the City of Sheboygan and the property owner of the property on which the proposed display will take place. The certificate shall be provided by the Fireworks Company or the license applicant conducting the display in an amount not less than $1,000,000 coverage per person for personal injury and not less than $1,000,000 for property damage. Such certificate shall be issued by an insurance company approved and licensed by the Office of the Commissioner of Insurance for the State of Wisconsin to do business in the State of Wisconsin.

- ☐ Each applicant shall submit a clear and readable copy of a valid and current Department of Treasury – Bureau of Alcohol, Tobacco and Firearms License/Permit (issued under 18 U.S.C. chapter 40, Explosives) held by the fireworks company or the license applicant conducting the display.

- ☐ Each application shall include a clear description of the intended site and plan for the display including:

    - the name of the property owner;
    - the sponsor of the display;
    - the mailing address and telephone number of applicant;
    - the name of person in charge of the display;
    - the name of the fireworks company conducting the display;
    - the date and time storage and possession of fireworks will begin and end;
    - the name and telephone number of person responsible for the site while fireworks are present;
    - A site layout pursuant to NFPA 1123;
    - A current color site map with an overlay of the exact location planned of the grounds on which the display is to be held showing the exact point at which the fireworks are to be discharged, the locations of all buildings, streets, trees, overhead public utility lines or overhead obstructions within 500 yards of the point of discharge and an adequate clear area indicating the lines behind which the public will be restrained;
    - Specification of the date and time the display will begin and end; and
    - A complete listing of the number and type of all fireworks to be in possession at the site and the number and type to be discharged on the date and time specified in the permit application.

- ☐ Each application shall be accompanied by payment of a non-refundable permit fee in the amount $150.00 and an agreement to pay the actual cost of public safety services provided by the City of Sheboygan as determined by the Fire Chief and the Police Chief. Said chiefs shall provide an estimate of said costs within 14 days of receipt of a complete Fireworks Display Permit Application.

- ☐ Applicant or Fireworks Company is required to notify the Sheboygan Fire Department at 920-459-3327 when set up can be inspected prior to launch.

CITY OF SHEBOYGAN
FIRE DEPARTMENT
FIREWORKS DISPLAY PERMIT APPLICATION

APPLICANT INFORMATION:	
NAME:	
MAILING ADDRESS:	
TELEPHONE:	
SPONSOR OF THE DISPLAY:	
DISPLAY AND LOCATION INFORMATION:	
PROPERTY OWNER:	
PERSON IN CHARGE OF DISPLAY:	
DATE AND TIME STORAGE AND POSSESSION OF FIREWORKS WILL BEGIN AND END:	**STORAGE BEGINS**
	STORAGE ENDS
NAME OF PERSON RESPONSIBLE FOR THE SITE WHILE FIREWORKS ARE PRESENT:	
TELEPHONE NUMBER OF PERSON RESPONSIBLE FOR THE SITE WHILE FIREWORKS ARE PRESENT:	
NAME OF THE FIREWORKS COMPANY CONDUCTING THE DISPLAY:	
DATE AND TIME THE DISPLAY WILL BEGIN AND END	**DISPLAY BEGINS**
	DISPLAY ENDS

Type and quantity of fireworks that will be used (list all):

By my signature below I hereby agree to the requirements as stated in Sec. 50-698(2) of the Sheboygan Municipal code. I understand that violation of any of the terms and conditions herein shall be cause for immediate revocation of this permit and subject the applicant to any citations or fines as allowed by Wisconsin Statute or City of Sheboygan Ordinance.

AGENT OR REPRESENTATIVE OF PERMIT HOLDER:

_____ _____

PRINT NAME ***SIGNATURE***

SIGNATURE OF AUTHORIZED FIRE DEPARTMENT REPRESENTATIVE:

_____ _____

SIGNATURE ***DATE***

This permit is not valid until signed by an authorized representative of the Sheboygan Fire Department

Please submit to Nicholas.noster@sheboyganwi.gov