

ALL FIREWORKS PERMITS HEREIN MUST BE SET OFF BEFORE 11:00PM FOR THE DATE ISSUED

The City of Dodgeville or any of its representatives shall not be responsible for any damages caused by the display of fireworks herein permitted. This is solely the responsibility of the person(s) applying for the permit.

The City of Dodgeville has the right to cancel any and all fireworks permits anytime to maintain the safety of the city and its residents.

NAME: Kurtis Beckett
Name of group or organization (or group of individuals applying as a group)

ADDRESS: 624 Jamie St

CITY: Dodgeville STATE: WI ZIP CODE: 53533

PHONE: 715-731-9263

EMAIL: _____

KIND AND QUANTITY OF LEGAL (ONLY LEGAL CLASS "C") FIREWORKS TO BE USED:

<u>KIND</u>	<u>QUANTITY</u>
<u>Pottle rockets</u>	<u>LOTS</u>
<u>roman candles</u>	_____
_____	_____

DATE OF FIREWORKS USE: 7/18/26
Month/Day/Year (a separate permit is required for each date).

LOCATION OF FIREWORKS TO BE POSSESSED OR USED: Address above back yard
(Must be a specific location within the City)

I have read and understand this agreement and will comply with all conditions according to the City of Dodgeville Fireworks Ordinance (9.05).
Signature of Applicant: Kurtis Beckett

FIREWORKS MAY BE PURCHASED FROM DATE OF PERMIT TO DATE OF USE ONLY

SIGNATURE OF OFFICIAL AUTHORIZING FIREWORKS USE: _____, Mayor

DATED: _____

A copy of this permit shall be filed with the City Clerk and copies of the permit shall be given to the Fire Chief and Chief of Police at least 2 days before the authorized use.