



**Grand Chute Fire Department**

2250 Grand Chute Blvd  
Grand Chute, WI 54913-7700  
[www.grandchutewi.gov](http://www.grandchutewi.gov)  
Phone (920) 832-6050  
Fax (920) 832-1606

**Fireworks Display Permit Application**  
**Municipal Code: Chapter 295**

**\$75 Permit Fee as prescribed in the Municipal Fee Schedule shall be paid with submittal of application. Payments are accepted by mail, in person, or over the phone with cash, check, or credit card (for a small convenience fee.) Checks should be made payable to "Town of Grand Chute."**

All permits are issued as required by the Grand Chute Municipal Code. This permit is not transferable. The permit may be revoked for any violation of Town or State codes, false statements, or misrepresentation as to a material fact in the application or plans on which the permit or approval was based. The penalty for failure to obtain a permit as required under the Municipal Code is prescribed in the Uniform Forfeiture and Bond Schedules plus the cost of prosecution, as described in Municipal Code Section 295-5.

**Please print or type all information below. Incomplete applications will be returned.**

|  |                                 |                             |  |                 |                     |                           |                                 |
|--|---------------------------------|-----------------------------|--|-----------------|---------------------|---------------------------|---------------------------------|
| Applicant Name (Person signing application)  |                                 | Applicant Phone             |  |                 |                     |                           |                                 |
| Applicant Address  |                                 | Applicant Email             |  |                 |                     |                           |                                 |
| Business/Organization Name   |                                 |                             |  |                 |                     |                           |                                 |
| Business/Organization Address (if different from Applicant Address)  |                                 |                             |  |                 |                     |                           |                                 |
| Name of Pyrotechnic Professional or Business   |                                 |                             |  |                 |                     |                           |                                 |
| Date(s) of Fireworks Event   |                                 | Location of Fireworks Event |  |                 |                     |                           |                                 |
| Name of Fireworks Event and Description of Proposed Display  |                                 |                             |  |                 |                     |                           |                                 |
| <p><b>This is an application only. A permit will be sent upon approval.</b></p> <p><b>How would you like to receive your permit (select all that apply)?</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Applicant Email</td> <td style="width: 50%;">Mailed to Applicant</td> </tr> <tr> <td>Call Applicant to Pick Up</td> <td>Mailed to Business/Organization</td> </tr> </table> |                                 |                             |  | Applicant Email | Mailed to Applicant | Call Applicant to Pick Up | Mailed to Business/Organization |
| Applicant Email  | Mailed to Applicant             |                             |  |                 |                     |                           |                                 |
| Call Applicant to Pick Up  | Mailed to Business/Organization |                             |  |                 |                     |                           |                                 |

***A certificate of insurance carrying a minimum of \$1,000,000 in liability coverage shall be submitted with this application. The Town of Grand Chute shall be designated as an additional insured on the certificate of insurance.***

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Permit #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Total Rec'd: \$ \_\_\_\_\_

Check #  Cash  Credit Card Payment Rec'd By: \_\_\_\_\_