## Town of Woodstock Municipal Fireworks Display Permit

Name:		
Mailing address:		
Telephone:	Email:	
Date of display:		
Name of person in charge		
Contact information (Cell)		
Terms and conditions:		
<ul> <li>Applicant must no</li> </ul>	otify all immediate neig	hbors
<ul> <li>Applicant must no</li> </ul>	otify all livestock farms	within earshot of the property
This permit authorizes po herein and is not transfera		eworks solely for the fireworks display specified
Applicant understands ar	ıd accepts all terms an	d conditions:
Signature:	Da	ate:
Diago mail ar amail agm	alatad narmit ta	
Please mail or email comp Town of Woodstock	oletea permit to:	nnourse@townofwoodstock.org
Nikki Nourse		nnourse@townofwoodstock.org
PO Box 488		
Woodstock, VT 05091		
Woodstock, Wi 00051		
OFFICE USE ONLY		
Additional terms and con-	ditions:	
This permit is:		
□ Approved		
□ Denied		
Signature:	D:	ate:
5.5.1atai 5i		

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