

**Town of Woodstock
Municipal Fireworks Display Permit**

Name: _____
Address: _____
Mailing address: _____
Telephone: _____ Email: _____

Date of display: _____ Time: _____
Location of display: _____
Name of person in charge of display: _____
Contact information (Cell): _____
Location of storage of fireworks prior to display: _____

Terms and conditions:

- Applicant must notify all immediate neighbors
- Applicant must notify all livestock farms within earshot of the property

This permit authorizes possession and use of fireworks solely for the fireworks display specified herein and is not transferable.

Applicant understands and accepts all terms and conditions:

Signature: _____ Date: _____

Please mail or email completed permit to:
Town of Woodstock
PO Box 488
Woodstock, VT 05091

permits@townofwoodstock.org

OFFICE USE ONLY

Additional terms and conditions: _____

This permit is:

- Approved
- Denied

Signature: _____ Date: _____