

Fireworks Permit Application

(Application must be submitted 45 Days prior to event)

Town of Cicero
Outagamie County

Applicant Name: _____

Address: _____

City _____ State _____ Zip Code _____

Date fireworks to be used on _____, 20____,

Address fireworks to be used at: _____

Comments or requests: _____

Dated this _____ day of _____, 20____.

Applicant signature:

Note: Fireworks events will be posted on the “calendar” page of the Town of Cicero web site so that neighbors can be informed of the event, and secure pets or livestock if necessary.

