

Town of Wallingford, VT
MUNICIPAL FIREWORKS DISPLAY PERMIT

SPONSORS/INDIVIDUAL HOSTING THE DISPLAY: _____

NAME OF PERSON IN CHARGE OF DISPLAY: _____

DATE AND TIME OF DISPLAY: _____

LOCATION OF DISPLAY: _____

LOCATION OF STORAGE OF FIREWORKS IN THE MUNICIPALITY PRIOR TO DISPLAY, IF NOT AT THE
LOCATION OF THE DISPLAY:

TERMS AND CONDITIONS: The required **First Light** search as instructed by the Wallingford Fire Chief will
be performed by the following individual(s): _____

OTHER TERMS AND CONDITIONS: _____

This permit authorizes possession and use of fireworks in accordance with all state/federal statutes
including but not limited to 20 V.S.A. § 3132. This permit is solely for the fireworks display specified
herein, and is not transferable.

Signature(s) of local official(s) authorized to issue fireworks display permits:

(Signature) _____ Print Name: _____

Title: Selectboard Chair

Tel. No.: _____

(Signature) _____ Print Name: _____

Title: Wallingford Fire Chief

Tel. No.: _____

This permit will be posted at Town Hall and the Wallingford Fire Department.