

Town of Wallingford, VT
MUNICIPAL FIREWORKS DISPLAY PERMIT

SPONSORS/INDIVIDUAL HOSTING THE DISPLAY: _____

NAME OF PERSON IN CHARGE OF DISPLAY: _____

Phone number of Person in Charge: _____

Email of Person in Charge: _____

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: Fireworks displays shall be 45 minutes or less in duration and are prohibited after 10:00 p.m. The Person in Charge (noted above) shall provide public notice of the fireworks display as follows: post a notice on the village post office bulletin board (one week before the event) with the location, time and date of the fireworks display; post an item in the local newspaper (Rutland Herald) one week before; post items on Wallingford Front Porch Forum (FPF) (one week before and one day before – contact townadmin@wallingfordvt.com for assistance if you are not a FPF member), post a notice in the municipal newsletter (deadline is the 23rd of each month, contact the Wallingford Town Clerk (802)446-2336 or email townclerk@wallingfordvt.com

The Wallingford Selectboard will not issue a permit when a state or local ban on outside burning is in effect. A permit that has been approved prior to a burning ban shall be suspended.

Weekday permits will only be issued in case by case basis with Selectboard preference for weekend events.

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.

Revised and approved by Selectboard on 07/07/25.