



Town of Bolton
3045 Theodore Roosevelt Highway
Bolton VT 05676
Phone: (802)-434-5075/3064 X 222
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TOWN OF BOLTON FIREWORKS DISPLAY PERMIT

Date Submitted: _____

Permit application fee of \$250.00 submitted

Name of Applicant: _____

Address: _____

Telephone: _____ Cell Phone: _____

Email Address: _____

Display Operator's Name (if different from applicant) responsible at location of display:

Address: _____

Telephone: _____ Cell Phone: _____

Email address: _____

Location of Display: _____

Site Map or Sketch of Site (attach)

Landowner: _____

Applicant is the Landowner: Yes No

If No, Signed Consent of the Landowner:

Name of Landowner

Date

Day and Date of Display: _____

Start Time of Display: _____

End Time of Display: _____ (not after 10 p.m. with the exception of 12/31 – 1/1 per ordinance)

Proof of Insurance (attach)

Post Fireworks Display Site Inspector: _____

Permit Denied

Permit Approved

This permit applies only to the possession and use of fireworks for the above-noted date and is non-transferable.

Signature of local official authorized to issue Fireworks Display Permits:

Fire Chief

Date

Office Use Only

Submitted at least 15 days in advance of the intended date of the fireworks display.

Permit application fee of \$250.00 submitted.

Proof of insurance attached.

Site map/sketch attached.

Forwarded to Fire Chief on _____