



# Neenah-Menasha Fire Rescue

Office of Adam J. Dorn  
Assistant Chief of Fire Prevention / Fire Marshal  
125 E. COLUMBIAN AVENUE, NEENAH, WI 54956  
Phone: 920-886-6200 Fax: 920-886-6208 Website: www.nmfire.org

## Fireworks for Display or Entertainment Purposes Application

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_AM / PM to \_\_\_\_\_AM / PM

Name of Event: \_\_\_\_\_

Location of Launch Site (Provide Map): \_\_\_\_\_

### HOST OF EVENT INFORMATION

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### FIREWORKS CONTRACTOR INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Onsite Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### SITE SECURITY PROVIDED BY

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_

Onsite Contact Name: \_\_\_\_\_

Onsite Contact Phone: \_\_\_\_\_

**REQUIRED FIRE DEPARTMENT STAND-BY:**

It is required to have a minimum of one (1) Fire Company on standby, on site, throughout the duration of the fireworks display. This fire company will start staffing one (1) hour prior to the event and continue staffing typically until one (1) hour after the conclusion of the fireworks event.

The Fire Chief or their designee may, at their discretion may require:

- The fire company to be on location earlier than 1 hour prior to the event.
- The fire company to stay on location longer after the event.
- May require additional fire companies for the event.

One fire company is defined as: one (1) fire apparatus, and a minimum of four (4) firefighters. Fees are billed at the following rates: \$150 per fire apparatus; Minimum of four 4 firefighters, at \$85.00 per hour per firefighter (which covers firefighter payroll expenses).

An invoice for the fire company stand by expenses will be sent out after the event to the host of the event.

**APPLICATION CHECKLIST:**

- License Bond
  
- Or
  
- Proof of financial responsibility: \$300,000 per Accident, \$500,000 per Occurrence
- List of Persons in Charge of Display
- Type/Number of Fireworks
- Manner and Place of Storage of Fireworks Prior to Display
- Diagram of Location of Fireworks Display
- Display conducted per NFPA 1123, Requirements for Display Fireworks Aerial Shells and Equipment and Wisconsin Statute 167.10, Regulation of Fireworks
- Notify occupants of adjoining property to the display site
- Site Security Provided by: \_\_\_\_\_
- NMFR site inspection prior to display and confirmation to conduct display
- Site inspection after display by Fireworks personnel

This information must be submitted with the application.



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## AUTHORIZATION FOR FIREWORKS DISPLAY

The State law allows the use of fireworks for pyrotechnic displays given by public authorities, fair associations, amusement parks, park boards, civic organizations or groups of individuals that have been granted a permit for such display or crop protection use by the Mayor of the city, President of the village, Chairman of the town, or any official designated by the preceding wherein the display is to be given or protective use is to occur. The Fire Chief or their assistant, Police Chief or their assistant, County Sheriff or Deputy Sheriff may be one of the designated officials.

Winnebago County, State of Wisconsin, this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

### To Whom It May Concern:

Application having been made in accordance with the laws of the State this permit is issued to:

Name of Fireworks Contractor: \_\_\_\_\_

Name of Host Business: \_\_\_\_\_

Giving them the right to exhibit display fireworks on this  
\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_, at  
o'clock (A.M. or P.M.) in the City of \_\_\_\_\_

Winnebago County, State of Wisconsin. In connection with the following celebration:

\_\_\_\_\_

Fireworks Representative  
Contact Name: (Printed) \_\_\_\_\_ Phone: \_\_\_\_\_

Fireworks Representative  
Contact Name: (Signed) \_\_\_\_\_

Name of Officer Issuing Permit: \_\_\_\_\_ ID#: \_\_\_\_\_

Signature of Officer Issuing Permit: \_\_\_\_\_ Date: \_\_\_\_\_