

Village of Sutherland Fireworks Permit Application
(Village Code 7-402)

Name/Person in Charge: _____ Date: _____

Phone Number: _____ Address: _____

Location of Proposed Fireworks Display: _____

Date and Time of Display: _____

Kind of Fireworks: Professional _____ Consumer _____

Quantity of Fireworks to be used: _____

If Profession, provide company name and address:

For Village Use Only:

Date Application Received in Office: _____ By: _____

Date Fire Department Contacted: _____ Approved Denied

Comments: _____

_____ Approved Denied

Village Clerk

Date: _____