



## PERMIT FOR SUPERVISED PUBLIC DISPLAY OF FIREWORKS SHERIDAN COUNTY, WYOMING

APPLICANT (PERMITTEE) NAME, ADDRESS & PHONE

DATE OF EVENT \_\_\_\_\_

LOCATION OF EVENT \_\_\_\_\_

1. At the Fire District's discretion, this permit may be cancelled and the representative of the Fire District on site shall have the absolute authority to do so.
2. The Permittee recognizes that the Fire District and/or Fire Department **WILL ASSUME NO LIABILITY** for damages ensuing from any actions by, or caused by, the Permit Holder.
3. The Permittee agrees to follow all safety standards and practices currently used in the fireworks industry.

PERMITTEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FIRE CHIEF SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FIRE CHIEF PRINTED NAME \_\_\_\_\_

FIRE DISTRICT \_\_\_\_\_

This permit is issued to \_\_\_\_\_ granting the right to shoot and display fireworks on (*date*) \_\_\_\_\_ at (*location*) \_\_\_\_\_ in said County of Sheridan

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

BOARD OF COUNTY COMMISSIONERS  
SHERIDAN COUNTY, WYOMING

BY: \_\_\_\_\_  
CHAIRMAN

