



Town of Craftsbury
PO Box 55
Craftsbury, VT 05827

FIREWORKS PERMIT APPLICATION

Applicant Name

Date Submitted

Physical/Mailing Address

Phone

Email

Purpose of Fireworks Permit

Date of Fireworks

Starting Time

End Time

Rain Date

Physical Location of Fireworks

Location of Fireworks Storage

Type & Quantity of Fireworks:(Acceptable Measures of Quantity Pounds or Number of Pieces)

1.3 (Class B/Display)

1.4 (Class C/Consumer)

Company or Individual Providing Display:

If using 1.3 /Class B:

BATFE License #

BATF License Type:

By Signing below I affirm that the Fireworks display will be conducted according to NFPA #1123 regulations regarding site selection, storage & performances; and the guidelines established by the Town of Craftsbury.

For Office Use Only

Approval of Fire Chief _____ Date _____

Approval of Selectboard _____ Date _____