



Town of Bristol

P.O. Box 249
1 South Street
Bristol, VT 05443
(802) 453-2410
www.bristolvt.org

TOWN OF BRISTOL FIREWORKS DISPLAY PERMIT

NAME OF PERSON IN CHARGE OF DISPLAY: _____

CONTACT INFORMATION: _____

SPONSOR'S NAME: _____

CONTACT INFORMATION: _____

DATE AND TIME OF DISPLAY: _____

DATE AND TIME OF POSTPONEMENT (rain date): _____

LOCATION: _____

TERMS AND CONDITIONS: _____

This permit authorizes the possession and use of fireworks solely for the fireworks display specified herein and is non-transferable and must be obtained at least fifteen (15) days in advance of the date of the display (20 VSA § 3132).

The following signatures are required to validate this permit:

Signature

Print Name _____

Title: **Town Administrator**

Date: _____

Signature

Print Name _____

Title: **Fire Chief**

Date: _____

Signature

Print Name _____

Title: **Police Chief**

Date: _____