

**TOWN OF ORANGE  
P.O. BOX 233  
EAST BARRE, VT 05649**

**TOWN OF ORANGE FIREWORKS DISPLAY PERMIT**

**Name of Person in charge of display** \_\_\_\_\_

**Phone number** \_\_\_\_\_

**Qualifications** \_\_\_\_\_

**Date & Time of Display** \_\_\_\_\_

**Give at least 15 days' notice for Select Board Approval**

**Sponsor's Name** \_\_\_\_\_

**Location** \_\_\_\_\_

**Inspected on** \_\_\_\_\_ **By** \_\_\_\_\_

**NO PERMIT GRANTED HEREUNDER SHALL BE TRANSFERRABLE.**

**APPLICANT ASSUMES ALL RESPONSIBILITY FOR ANY AND ALL  
DAMAGES TO PROPERTY AND OR PERSONAL INJURY.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Selectmen**

\_\_\_\_\_  
**Selectmen**

\_\_\_\_\_  
**Selectmen**