

**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

Selectboard

Selectboard

Selectboard