



PERMIT TO PRACTICE ARCHERY IN RESTRICTED AREA

**TOWN OF SEYMOUR
6500 TOWER DR
EAU CLAIRE, WI 54703
715.834.4999 OFFICE; 715.834.3687 FAX
WWW.TOWNOFSEYMOUR.ORG**

I, _____ REQUEST PERMISSION TO USE MY
_____ ACRE PARCEL LOCATED AT:
_____, TOWN OF SEYMOUR
FOR ARCHERY PRACTICE.

THIS PERMIT IS IN EFFECT FROM: _____ TO: _____
UNLESS REVOKED FOR VIOLATION OF REGULATIONS STIPULATED IN TOWN
ORDINANCE #88-2 SECTION 3.

SECTION 3:

**BOWS AND ARROWS MAY BE DISCHARGED WITHIN THE RESTRICTED AREA IF THE
PERSON FIRST OBTAINS A PERMIT. RESIDENTS AND/OR LANDOWNERS MAY APPLY
FOR AN ARCHERY PERMIT FROM THE TOWN BOARD ALLOWING THE DISCHARGE OF
A BOW, PROVIDING THE APPLICANT:**

- A. DESIGNATES SUFFICIENT PROPERTY TO SAFELY DISCHARGE A BOW.**
- B. MAKES ALL NECESSARY SAFETY PRECAUTIONS TO PROTECT THE PUBLIC AND PARTICIPANTS.**
- C. ASSUMES FULL RESPONSIBILITY FOR INJURY OR DAMAGE WHICH MIGHT RESULT.**

**THE TOWN BOARD SHALL REVIEW EACH PERMIT APPLICATION ON A CASE BY CASE
BASIS, AND IT SHALL BE ENTITLED TO PLACE ANY RESTRICTIONS OR DENY ANY
PERMITS AS IT DEEMS NECESSARY TO PROVIDE FOR THE PUBLIC SAFETY AND
ORDER.**

**AN ARCHERY PERMIT IS VALID ONLY UPON THE LAND AREA DESCRIBED IN THE
PERMIT, AND SHALL BE SUBJECT TO ANY RESTRICTIONS THE TOWN BOARD
PRESCRIBES.**

**I UNDERSTAND THAT SAFETY OF PROPERTY, PEOPLE AND ANIMALS IS MY
RESPONSIBILITY AND WILL MAKE SURE ANYONE USING MY PRACTICE AREA IS
AWARE OF SAFETY RULES AND ORDINANCE RESTRICTIONS.**

APPLICANT NAME: _____ DATE: _____

**GRANTED BY: _____ DATE: _____
CHAIRMAN**