

It is the responsibility of the applicant to ensure that all sections are completed in accordance with by-law #59-2014. Permit valid for the approved date(s) only.

Complete All Areas (please print)

A) Event Location:

Event Location/Address: \_\_\_\_\_

\_\_\_\_\_

Date(s) and Time(s) of the Event(s): \_\_\_\_\_

\_\_\_\_\_

Sponsoring Organization (if applicable): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

B) Required Event Documentation:

- I. Proof of insurance and hold harmless undertaking
- II. Written permission from the property owner to hold discharge event
- III. Written fireworks display plan to include the following:
  - the name of the display supervisor in charge and the number and expiry date of their fireworks operator certificate;
  - the location of any storage units in which the fireworks to be displayed will be stored before or after the display;
  - a description of the display site, including the distance in metres from the firing site to the nearest spectators, buildings structure and vulnerable sites;
  - the type and trade name of each firework to be used and the name of the person who obtained its authorization;
  - the quantity of fireworks to be used under each trade name;
  - a description of how the fireworks will be positioned within the firing site and how they will be fired;
  - a description of the crowd-control measures that will be taken; and
  - an assessment of the likelihood of harm to people and property resulting from the use of the fireworks.

**C) Technical Information:**

Discharge Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Technician's Name : \_\_\_\_\_

Certificate Number and Expiry Date: \_\_\_\_\_

On-site Cell Phone Number: \_\_\_\_\_

**D) Required Technician Documentation:**

- Copy of Certificate of Lead Fireworks Supervisor that will be on-site

**E) Required:**

I hereby certify that I have read, understood and will comply with City of By-law 59-2014, the Explosives Act and Regulations and direction from the Explosives Regulatory Division, as they pertain to the Fireworks Sales Event under application.

Name of Applicant:	Date:
Signature of Applicant:	

**Permission of Chief Fire Official or Designate**

 Approval granted to disconnect smoke detectors/alarms    Yes     No     N/A 

Name (print):	Designation:
Comments:	
Signature:	Date:

 Distribution:     Applicant     Administration     Communications

Fire Prevention 905-436-3311