APPLICATION FOR HIGH HAZARD FIREWORKS DISPLAY
BY-LAW NUMBER 27-2008

Date of Application:	**FOR OFFICE USE ONLY** **License #**

Company Name: _____

Address	Street:
	City: Postal Code: Phone:
	Email Address:

Company Employee/Supervisor Assigned to Event: *(include emergency contact information i.e. Cell Phone #)*

Sponsoring Organization:

Date & Time of Event:

Display Location: *(include Park Name, 911# and Road #)*

EMR No.:

Insurance Details:

Insurance Company: _____

Policy No. : _____Expiry Date: _____ Amount: _____

Where and how will fireworks be stored and displayed? _____

(Attach a Site Plan pursuant to Section IV of the applicable By-law)

I certify that I have completed a course for fireworks supervisors, have read, understand and will be guided by the principles and safety rules of the fireworks manual/specific instructions provided by the manufacturer governing the particular fireworks utilized during this display. I certify that any/all persons involved with the display will also adhere to the manufacturers instructions and the provisions of the applicable Township of Perth East By-law.

_____ _____

(Date) (Signature)

In signing this application, the applicant hereby releases the Corporation of the Township of Perth East from any or all claims for damage which may arise in the carrying on of business within the Municipality under which the undersigned is licensed by the Municipality to do so.

FOR OFFICE USE ONLY

Department	**Date Circulated**	**Response**	Amount Paid:	Date:
Fire Dept:			Insurance: Expiry:	
Planning:			Co-Insured:	
Approved:			Site Plan Record:	
Not Recommended for Approval: Reason:				

Personal information collected on this form is collected pursuant to the Municipal Act. S.O. 2001, c.25 and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Clerk.