



FIREWORKS PERMIT Application

APPLICANT INFORMATION:

Name(s):	Applicant must be the person supervising the setting off or exploding of the fireworks.	
Address:	City:	Postal Code:
Phone:	Fax:	Email:
Fireworks Supervisor Card Number:	Expiry Date:	

I hereby make application for a permit to explode or set off fireworks on behalf of:

<input type="checkbox"/> Myself	OR	<input type="checkbox"/> Organization:
Email:		
Phone Number:		

I hereby acknowledge receipt of the 'Safety Guidelines for Fireworks' and the Fireworks Regulation Bylaw':

Applicant's Name (Print)	Applicant's Signature	Date
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FIREWORKS INFORMATION:

Address where fireworks will be exploded or set off:		
Date fireworks will be exploded or set off:	Start time:	End Time:

PROPERTY OWNER INFORMATION:

Property Owner(s):	
Email:	Phone Number:

Name and signature of property owner, indicating consent for the setting off or exploding of fireworks:

Property Owner's Name (Print)	Property Owner's Signature	Date
Property Owner's Name (Print)	Property Owner's Signature	Date

OFFICE USE:

\$25.00 Permit Fee	<input type="checkbox"/> Non-Profit Society	<input type="checkbox"/> Paid	<input type="checkbox"/> Receipt No.:
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Chief Administrative Officer	Signature	Date
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<input type="checkbox"/> Copy to Fire Chief	<input type="checkbox"/> Copy to RCMP
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NOTE: This is an application. Completing this form does not guarantee approval. Your application will be reviewed and you will be contacted.

Personal information you provide on this form is collected pursuant to Section 26 of the *Freedom of Information and Protection of Privacy Act* and will only be used for the purpose of processing this application. Your personal information will not be released except in accordance with the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of your personal information may be referred to the Corporate Services Coordinator by email: duncan@duncan.ca or phone: 250-746-6126.