



FIREWORKS PERMIT Application

APPLICANT INFORMATION:

Applicant must be the person supervising the setting off or exploding of the fireworks.

Name(s):

Address:

City:

Postal Code:

Phone:

Email:

Fireworks Supervisor Card Number:

Expiry Date:

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

Myself Organization:

Email:

Phone:

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

Applicant's Name (Print)

Applicant's Signature

Date

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

Non-Profit Society

Paid

Receipt No.:

Chief Administrative Officer

Signature

Date

Copy to Fire Chief

Copy to RCMP

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.