



APPLICATION FOR A DISPLAY FIREWORKS EVENT PERMIT

Township of Zorra By-law No. 36-2014

Application must be received by Clerk's Department **21 days prior to event** with applicable permit fee (see Fees By-law 11-09).

Application Date: _____

APPLICANT

First Name: _____ Last Name: _____

Phone Number: _____ Cell Number: _____ Email: _____

Check the appropriate box that pertains to the Display Fireworks Event application:

- The Applicant is the registered owner of the land for which this License has been requested and issued.
- The Applicant has provided written consent from the owner or owner's agent of the land for which this License has been requested and issued.
- The Applicant has provided written consent from the Township of Zorra if the land that the fireworks display is to be initiated upon is owned or in the control of Township of Zorra.

FIREWORKS SUPERVISOR

First Name: _____ Last Name: _____

Address: _____

Phone Number: _____ Cell Number: _____ Email: _____

Supervisor ID Number: _____

EVENT INFORMATION

Event Location: _____

Event Date: _____ Event Rain Date: _____

Name of Manufacturer of Fireworks: _____

Neighbours Contacted: YES NO

INSURANCE

Proof of liability insurance coverage in the amount of \$5 million attached. YES NO

DECLARATION

I, _____ of _____ solemnly declare that all the statements contained in this application are true and I make this solemn declaration conscientiously believing it to be true. Further, I agree to absolve the Township of Zorra, the Chief of Zorra Fire & Emergency Services Division and any Designated Employee from any and all damages or civil litigation caused by or attributed to a display fireworks event initiated by the owner, occupier or person in charge of the premises.

Signature of Applicant: _____ **Date:** _____

Office use only:

Approved by Fire Chief or Designate: _____ YES NO _____ Date: _____

Comments: _____