



Township of Zorra
163 Brock Street, PO Box 189
Thamesford, ON N0M 2M0
519-485-2490

APPLICATION FOR RETAIL OF CONSUMER FIREWORKS

Township of Zorra By-law No. 36-2014

Include with completed application:

- Applicable permit fee per Fees By-law 11-09
- Written permission from the property owner
- List of fireworks being offered for sale

Approvals (office use only)

Fire _____ Date _____

BUSINESS INFORMATION

Name of Company _____

Name of Principle(s) of Company _____

Check One: ☐ Individual ☐ Corporation ☐ Partnership

Business Address: _____

Phone Number: _____ Fax Number: _____ Email: _____

APPLICANT INFORMATION

First Name: _____ Last Name: _____ Birth Date _____

Phone Number: _____ Fax Number: _____ Email: _____

Proposed Business Location: _____

Owner of Land (include address): _____

STATEMENT OF FACT – IMPORTANT – PLEASE READ CAREFULLY

I make the following statement of fact:

1. The information set forth in this application is true, accurate and in all material respects complete.
2. I am aware that if a license is granted I will carry on my business in compliance with the requirements of By-law No. 36-2014 and any other relevant statute or act.
3. I am aware that a false Statement of Fact may result in the application for a license being refused.

This Statement of Fact was made on this _____ day of _____, 20____.

Signature of Applicant _____