



**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 \_\_\_\_\_