

Township of Zorra
163 Brock Street, PO Box 189
Thamesford, ON N0M 2M0
Phone: 519-485-2490 Fax: 519-485-2520

By-law 36-14: Fireworks By-law Schedule "C"

Permit No.	

## APPLICATION FOR A DISPLAY FIREWORKS EVENT PERMIT

Township of Zorra By-law No. 36-2014

	ays prior to event with \$31 permit fee.
Application Date:	
APPLICANT	
First Name: Last	Name:
Phone Number: Cell Number:	Email:
☐ The Applicant has provided written consent from the has been requested and issued.	r which this License has been requested and issued. e owner or owner's agent of the land for which this License e Township of Zorra if the land that the fireworks display is
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.
DECLARATION	
I, of	solemnly declare that all the statements
contained in this application are true and I make this so Further, I agree to absolve the Township of Zorra, the C Designated Employee from any and all damages or civi event initiated by the owner, occupier or person in charge	Chief of Zorra Fire & Emergency Services Division and any I litigation caused by or attributed to a display fireworks
Signature of Applicant:	Date:
Office use only:	
Approved by Fire Chief: □ YES □ NO	Date:
Comments:	