



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 payment of \$158.00
- 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 _____

Personal information contained in this form is collected under the authority of the Municipal Act, 2001, Chapter 25, as amended, and will only be used for the purposes for which it was collected. Questions about this collection of information should be directed to the Clerk's Department, 163 Brock Street, PO Box 189, Thamesford, ON N0M 2M0.