

## 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 \$54.00 permit fee.

Application Date:			
APPLICANT			
First Name:	Last Name	:	
Phone Number:	Cell Number:	Email:	
<ul> <li>The Applicant has provided we has been requested and iss</li> <li>The Applicant has provided we have a second s</li></ul>	ed owner of the land for which vritten consent from the owne ued.	this License has been r or owner's agent of the aship of Zorra if the lan	n requested and issued. he land for which this License nd 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:	Ever	nt Rain Date:	
Name of Manufacturer of Firewo	rks:		
Neighbours Contacted:	ES 🗆 NO		
INSURANCE			
Proof of liability insurance covera	age in the amount of \$5 millior	n attached. 🛛 🗆 YE	S 🗆 NO
DECLARATION			
I, contained in this application are Further, I agree to absolve the T Designated Employee from any event initiated by the owner, occ	true and I make this solemn d ownship of Zorra, the Chief of and all damages or civil litigati	eclaration consciention Zorra Fire & Emerger on caused by or attrib	usly believing it to be true. hcy Services Division and any
Signature of Applicant:		Date:	
Office use only:			
Approved by Fire Chief:	]YES □ NO	Date:	
Comments:			

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 NOM 2M0.