

APPLICATION AND PERMIT TO EXPLODE OR SET OFF FIREWORKS

Permit Fee: \$10.00	Receipt No:
Is the application for exploding o Explosives Act for: (please check on	or setting off of fireworks as defined in the Canadian ne)
O Low hazard (Class 7.2.1)	O High Hazard (Class 7.2.2.)
Fireworks Supervisor Card No(Required for Class 7.2.2. explosives on	Expiry Date:
I hereby make application to explode	e or set off fireworks on behalf of:
O Myself	Organization
or	
Name of Applicant:(Applicant must be	
(Applicant must be	e the person supervising the display)
Address:	
Postal Code:	Tel:
Name of organization (if applicable):	;
Address:	
Address where fireworks are to be e	exploded or set off:
Name and signature of property own fireworks:	ner, indicating consent for the setting off or exploding of
Name:	Signature:
Date of Display:	Time of Display:
I hereby acknowledge receipt of the	Safety Guidelines for Fireworks:
Applicant's Signature	
Approved by the Ü^* 4} æ ÁÖæ dæc	
Date: Sign	nature: