



THE CORPORATION OF THE TOWN OF ERIN

FIREWORKS EVENT PERMIT APPLICATION



WHEREAS I, the undersigned, have applied to the Town of Erin to apply under By-Law #19-61 and under the Ontario Fire Code, I hereby state as follows:

- 1 That I have read the regulations which have been provided to me and that I understand their meaning.
- 2 That I will abide by these terms and conditions as stated therein.
- 3 That I accept full responsibility for the consequences of my actions with fireworks/pyrotechnics and agree that issuance of approval does not absolve me of the responsibility.

Organization Requesting Purchase

Company: _____ Phone #: _____
 Email: _____ Cell Phone #: _____
 Applicant Name: _____
 Mailing Address: _____
 Signature: _____ Date _____

Sponsoring Organization: _____ Phone #: _____
 Email: _____ Cell Phone #: _____
 Address: _____
 Location of Event: _____

Technician Section

Technician Card #: _____
 Class: _____ Expiry Date: _____

If a technician has not yet been determined, you may submit the application without completing the last 2 entries. In such cases, however, you must supply to the Fire Chief/Chief Fire Official, in writing, the required information relating to the technician no later than 48 hours before the event.

The person requesting approval for this event has submitted:.

SITE PLAN	<input type="checkbox"/>	WRITTEN PERMISSION	<input type="checkbox"/>
EVENT DESCRIPTION	<input type="checkbox"/>	LIABILITY INSURANCE	<input type="checkbox"/>
FIREWORKS CARD	<input type="checkbox"/>	LIST OF FIREWORKS BEING FIRED	<input type="checkbox"/>

Date of site inspection: _____ **Inspection Completed** _____

Signature of Applicant _____ Date _____

Signature - Fire Dept. Official _____ Date _____

The person requesting permission for this authorization shall comply with all provisions of this permit.

Payment: Fee: _____ Date: _____
 Received by: _____

Cash Cheque Debit

PERMIT # FW0001