Centre Wellington Fire Rescue

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APPLICATION TO DISCHARGE FIREWORKS IN THE TOWNSHIP OF CENTRE WELLINGTON

EVENT INFORMATION	
Property Owner Name:	
Address:	
Telephone:	**E-mail:**
Address of Display:	
Date of Display:	**Time of Display:**
Alternate Date of Display:	**Time of Display:**
Storage Location:	
How is product transported and stored?	
Describe where set up and firing methods (i.e. manually or electric):	
Proof of Insurance: **Note: Provide copy of insurance policy with application.**	**Company:**
	Policy No.:
	Coverage (minimum $5,000,000 coverage):

APPLICANT'S INFORMATION (Qualified Person Lighting the Firework Display)	
Name:	**Company Name:**
Address:	
Telephone:	**E-mail:**
License Number:	**Expiry Date:**
Supervisor Name:	**Supervisor Cert. No.:**

REQUIRED DOCUMENTS

- ☐ 1. Application
- ☐ 2. Copy of Insurance Policy
- ☐ 3. Copies of site Supervisor and Technician's certificates
- ☐ 4. Copy of Show List
- ☐ 5. Safety Plan
- ☐ 6. Detailed Site Plan including:
  - Surrounding Buildings
  - Distances
  - Viewer Seating Area
  - Fallout area

APPROVAL BY LOCAL AUTHORITY HAVING JURISDICTION

The applicant has complied with the local requirements and has permission to hold a fireworks display at the location and date(s) shown above

Authorizing Officer:	Signature:
Title:	Date:

Comments: