

Low Hazard Consumer Fireworks Permit for Sale and Storage

The Permit will be valid for one year and a copy must be posted and be visible to everyone at the point of sales. Date of birth & identification will be redacted for privacy.



Vendor name: _____ Date of birth: _____
(Year/Month/Day)

Vendor address: _____

Vendor phone: _____ Vendor email: _____

Government ID: _____
(DL number, Passport number, Firearms License number)

Address of fireworks storage: _____

Address point of sales: _____

Government permits: _____
(must attach copy(s) and number(s) of required Federal, Provincial Permits)

Vendor business name: _____

Building inspection/certification: _____
(must attach copy(s))

Liability insurance: _____
(include insurance & policy number in the amount of \$5 million Fireworks Liability)

Distributor/supplier name: _____

Distributor/supplier address: _____

Distributor/supplier phone: _____ Distributor/supplier email: _____

This application must include the following requirements and information and must comply with Natural Resources Canada Regulations, the Explosives Act and Town of Morinville Fire Services Bylaw. Incomplete applications will be rejected and/or may delay your Sales & Storage Permit.

I am over the age of 18 and have all mandated Canadian National Fireworks Association training and certifications.

I have a Fire Safety Plan in place and all vendors and employees are familiar with the plan as required by law and a copy supplied to the Fire Department.

I have will provide proper storage as required by law.

I have will provide proper security as required by law.

I have will provide proper fire suppression mandated by the NFPA, NBC (AE) & NFC (AE) 2019.

I have disclosed proper disclosure to building owner, vendors, employees & their suppliers/distributors.

I will keep/provide records and education for before and after purchase (records to be held on site by vendor at point of sales and available for a minimum of 2 years).

I have provided an acceptable Building, Safety Code and Fire inspection.

I will provide notification of all deliveries and quantities of fireworks on site and in storage within the Town of Morinville.

I am aware that registration with any federal, provincial and municipal governing bodies are required and verification of compliance for any of the explosives or explosive related items.

I have proper liability coverage of five (5) million dollars in relation to any possible eventualities related to the sale, purchase, storage, transport and possible detonation/use whether accidental or intentional. (provide current insurance and policy number.)

I am aware that all education and information required to safely store, transport and use/discharge fireworks is to be supplied to purchaser by the vendor as required by all National, Provincial, Municipal laws and the Canadian National Fireworks Association.

I am aware that purchasers must be instructed by the vendor on how to safely use/detonate any purchased fireworks or explosives as per the Natural Resources Canada and the Explosives Act.

Signature of vendor: _____ Date: _____
(Year/Month/Day)

Email completed form along with required documents to: fireprevention@morinville.ca

Personal information is collected for the purpose of processing your application form and will be used to contact you regarding your application. Collection is authorized under section 4(c) of the Protection of Privacy Act. Your personal information will be used to process your application(s). Please be advised that your name, address and details related to your application may be inputted into an automated system to generate content to make decisions, recommendations, and predications and may be included in reports that are available to the public as required or allowed by legislation. Your information will only be used solely for the purposes related to the Town of Morinville. If you have any questions, please contact an Advisor at the Information Management unit at 780-939-4361 or email records@morinville.ca.