

Applicant Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Address	<input type="text"/>	Unit No.	<input type="text"/>
City	<input type="text"/>	Province	<input type="text"/>
		Postal Code	<input type="text"/>
Telephone No.	<input type="text"/>	Bus. Phone No.	<input type="text"/>
		Extension	<input type="text"/>
Proposed Location for Fireworks Display	<input type="text"/>		
Name of Property Owner	<input type="text"/>	Telephone No.	<input type="text"/>
Date of Event	<input type="text"/>	Time of Event	<input type="text"/> am <input type="text"/> pm

Attachments

Permit Fee - \$135.00 Per Location.

Approval letter from the owner of the property where fireworks will be displayed.

Location sketch of the proposed location for the fireworks display.

Description of fireworks to be discharged, the discharge techniques to be used, and the manner and means of restraining unauthorized persons from being too near the discharge location.

Written confirmation from the Durham Regional Police Service that appropriate arrangements have been made by the applicant for traffic and crowd control during the display.

Proof of insurance in the minimum amount of \$2 million naming the City of Pickering as an additional insured.

Copy of the Fireworks Supervisor's licence issued pursuant to the Act.

Declaration

I hereby certify that the information provided in this application is true, correct and complete to the best of my knowledge and belief.

Signature of Applicant

Date

Office Use Only

Receipt No. Permit No. Date Approved

Additional Comments

Approval of Pickering Fire Services

Signature

Date

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*. This information is collected to process this application. Any questions related to the collection of this information should be directed to the City Clerk, One The Esplanade, Pickering, ON L1V 6K7, 905.420.4611.