

One sales permit application must be submitted for each sales location.

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"/>
Location Where Fireworks Will Be Sold From <input type="text"/>			
Name of Owner Where Fireworks Will Be Sold From <input type="text"/>			
Telephone No.	<input type="text"/>	Date of Sales	<input type="text"/>

Attachments

- ☐ Permit Fee = \$135.00 per location.
- ☐ Copy of incorporating documents, if applicant is a corporation.
- ☐ Approval letter from Owner of Property where fireworks will be sold.
- ☐ Location sketch of where the vehicle will be parked in connection with surrounding buildings.
- ☐ Description of the consumer fireworks to be sold.
- ☐ Proof of insurance in the minimum amount of \$2 million naming the City of Pickering as an additional insured.

Declaration

I hereby authorize the City of Pickering, and any agent or employee of it, to inspect the proposed location and vehicle at all reasonable times, both before any permit is issued and afterwards, for the purpose of enforcing By-law 6783/07.

Signature of Applicant _____

Date _____

Office Use Only			
Receipt No.	<input type="text"/>	Date Plan Approved	<input type="text"/>
		Permit No.	<input type="text"/>
Date of Inspection	<input type="text"/>		
Final Approval Signature			

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.