

TOWNSHIP OF WOOLWICH
APPLICATION FOR FIREWORKS DISPLAY

NOTE: All applications must be submitted a minimum of 14 days prior to the event.

Name of Applicant: _____

Address: _____

Mailing Address, if different from above: _____

Phone No.: Home _____ Work _____

Are you over age 18? Yes _____ No _____

Have you applied for a Fireworks Permit before? Yes _____ No _____

If yes, when did you hold the event?

What types of fireworks will be used?

Will you be administering these fireworks? Yes _____ No _____

If no, then please indicate the name, address and age of person (s) who will:

What are the qualifications of the person operating the fireworks display:

Date of Event: _____

Reason for event (ie. Canada Day or Victoria Day, etc.)

Start and Finish time of display: _____

Location of display: _____

I, _____, hereby certify that all of the information supplied above is accurate and true.

Witness: _____

Signature of Applicant

Date: _____

FOR OFFICE USE ONLY

Approval of Fire Chief or designate:

Date of receipt of application:

Permit issued/Denied: