



Township of Zorra  
 274620 27<sup>th</sup> Line, PO Box 306  
 Ingersoll, ON N5C 3K5  
 Phone: 519-485-2490 Fax: 519-485-2520

By-law 36-14: Fireworks By-law  
 Schedule "C"

Permit No.

## APPLICATION FOR A DISPLAY FIREWORKS EVENT PERMIT

### Township of Zorra By-law No. 36-2014

*Application must be received by Clerk's Department 21 days prior to event with \$30 permit fee.*

Application Date: \_\_\_\_\_

**APPLICANT**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Check the appropriate box that pertains to the Display Fireworks Event application:

- The Applicant is the registered owner of the land for which this License has been requested and issued.
- The Applicant has provided written consent from the owner or owner's agent of the land for which this License has been requested and issued.
- The Applicant has provided written consent from the Township of Zorra if the land that the fireworks display is to be initiated upon is owned or in the control of Township of Zorra.

**FIREWORKS SUPERVISOR**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor ID Number: \_\_\_\_\_

**EVENT INFORMATION**

Event Location: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Rain Date: \_\_\_\_\_

Name of Manufacturer of Fireworks: \_\_\_\_\_

Neighbours Contacted:     YES     NO

**INSURANCE**

Proof of liability insurance coverage in the amount of \$5 million attached.     YES     NO

**DECLARATION**

I, \_\_\_\_\_ of \_\_\_\_\_ solemnly declare that all the statements contained in this application are true and I make this solemn declaration conscientiously believing it to be true. Further, I agree to absolve the Township of Zorra, the Chief of Zorra Fire & Emergency Services Division and any Designated Employee from any and all damages or civil litigation caused by or attributed to a display fireworks event initiated by the owner, occupier or person in charge of the premises.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office use only:

Approved by Fire Chief: \_\_\_\_\_  YES     NO \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

*Personal information contained in this form is collected under the authority of the Municipal Act, 2001, Chapter 25, as amended, and will only be used for the purposes for which it was collected. Questions about this collection of information should be directed to the Clerk's Department, 274620 27<sup>th</sup> Line, PO Box 306, Ingersoll, ON N5C 3K5.*