

SCHEDULE "F"

**Display Fireworks Permit Application and Approval Form
(Site Plan required – please attach to permit application)**

Name of applicant (printed): _____
Mailing address: _____
Telephone / Fax / E-mail: _____

Supervisor's certificate number: _____
Class: _____ Expiry date: _____
Company (if applicable): _____
Address: _____
Telephone / Fax / E-mail: _____

Sponsoring organization (if applicable): _____
Address: _____

Event location: _____

Date(s): _____

Name of insuring agency: _____
Amount: _____
Address: _____
Telephone / Fax / E-mail: _____

Place and method of fireworks storage on site: _____

Signature of Supervisor in Charge: _____ **Date:** _____

Permission of local Authority Having Jurisdiction

Name (printed): _____
Title: _____
Organization: _____
Address: _____
Telephone / Fax / E-mail: _____

Site plan attached: Yes No

Event description attached: Yes No

Signature of Authority Having Jurisdiction: _____
Date: _____
Comments: _____

