



Centre Wellington Fire & Rescue

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Office of the District Chief /
Public Safety Officer

APPLICATION TO HOLD A FIREWORKS DISPLAY IN THE TOWNSHIP OF CENTRE WELLINGTON

I HEREBY MAKE APPLICATION TO HOLD A FIREWORKS DISPLAY.

Applicant's Name: _____

Address: _____

Telephone: _____ Fax: _____

Signature: _____ License Number: _____

Supervisory Level: _____ Expiry Date: _____

Event Sponsor: _____

Address: _____

Contact Name: _____ Telephone: _____

Location of Display: _____

Date/Time of Display: _____

Please provide a detailed site plan including, Surrounding Buildings, Distances, Viewer Seating Area, Fallout Area. Please provide a description of the intended display as well as the class of Fireworks that will be used in the display.

Proof of Insurance: Company: _____

Policy: _____

Coverage: _____

(Minimum \$ 5,000,000 Coverage)

Storage Location: _____

Approval by Local Authority Having Jurisdiction

The applicant has complied with the local requirements and has permission to hold a fireworks display at the location on the date shown above.

Authorizing officer: Tom Mulvey

Title: Public Safety Officer C.W.F.D.

Municipality: Township of Centre Wellington

Signature: _____

Date: _____

Comments:

