



Centre Wellington Fire Rescue

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APPLICATION TO DISCHARGE FIREWORKS IN THE TOWNSHIP OF CENTRE WELLINGTON

EVENT INFORMATION	
Property Owner Name:	
Address:	
Telephone:	E-mail:
Address of Display:	
Date of Display:	Time of Display:
Alternate Date of Display:	Time of Display:
Storage Location:	
How is product transported and stored?	
Describe where set up and firing methods (i.e. manually or electric):	
Proof of Insurance: Note: Provide copy of insurance policy with application.	Company:
	Policy No.:
	Coverage (minimum \$5,000,000 coverage):

APPLICANT'S INFORMATION (Qualified Person Lighting the Firework Display)

Name:	Company Name:
Address:	
Telephone:	E-mail:
License Number:	Expiry Date:
Supervisor Name:	Supervisor Cert. No.:

REQUIRED DOCUMENTS

1. Application
2. Copy of Insurance Policy
3. Copies of site Supervisor and Technician's certificates
4. Copy of Show List
5. Safety Plan
6. Detailed Site Plan including:
 - Surrounding Buildings
 - Distances
 - Viewer Seating Area
 - Fallout area

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 and date(s) shown above

Authorizing Officer:	Signature:
Title:	Date:

Comments: