



The Corporation of the
Town of LaSalle
Fire Service



APPLICATION FOR FIREWORKS DISCHARGE PERMIT

DATE: _____ PERMIT NUMBER: _____

PERMIT FEE: **\$100** – Payable to the Corporation of the Town of LaSalle. Please note: If the Municipal Fire Chief determines that Fire Department Services are required at the event, there will be additional charges.

“Consumer Fireworks” means an outdoor, low hazard, recreational firework that is classed as a type F.1 Firework under the Act, and includes fireworks showers, fountains, golden rain, lawn lights, pin wheels,

Roman candles, volcanoes, and sparklers but does not include Christmas crackers and caps for toy guns containing not in excess of twenty-five one-hundredths of a grain of explosive used per cap;

“Display Fireworks” means an outdoor, high hazard, recreational firework that is classed as a type F.2 Firework under the Act, and includes rockets, serpents, shells, bombshells, tourbillions, maroons, large wheels, bouquets, bombardos, waterfalls, fountains, batteries, illumination, set pieces and pigeons but does not include firecrackers;

“Special Effect Pyrotechnic” Special Effect Pyrotechnic Firework" means a high hazard firework that is classed as a type F.3 Firework under the Act and that is used to produce a special pyrotechnic effect for indoor or outdoor performances and includes black powder bombs, bullet effect, flash, powder, air bursts, smoke compositions, gerbs, lances and wheels;

TYPES OF FIREWORKS TO BE DISCHARGED:

- ☐ Consumer Fireworks
☐ Display Fireworks
☐ Special Effect Pyrotechnic Fireworks
-

APPLICANT:

Name: _____

Store Name/Commercial Vendor Name: _____

Address: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

Property Owner: _____ Phone Number: _____

Name of Sponsoring Organization: _____

REQUIRED:

☐ NON-REFUNDABLE PERMIT FEE - \$100

☐ SITE PLAN DRAWING – Illustrating location on property where fireworks to be discharged, structures, audience viewing area, parking area, and any other relevant features.

☐ LIABILITY INSURANCE – Proof of comprehensive general liability insurance in the amount no less than five million dollars (\$5,000,000.00) naming the Corporation of the Town of LaSalle as an additional insured and containing a cross liability clause.

☐ VALID CREDENTIALS – Proof that the applicant holds valid credentials issued under the Explosives Act to conduct and supervise the fireworks display (Fireworks supervisor, Pyrotechnician, etc).

☐ INDEMNIFICATION/LIABILITY AGREEMENT – Signed by an applicant or by an individual having *authority to bind the applicant*

☐ PROOF OF AUTHORIZATION – Authorization from the owner of the land that fireworks may be discharged from this location.

DATE & TIME FIREWORKS TO BE DISCHARGED: _____

ALTERNATE DATE & TIME FOR FIREWORKS TO BE DISCHARGED: _____

LOCATION WHERE FIREWORKS TO BE DISCHARGED: _____

DETAILED DESCRIPTION OF FIREWORKS TO BE DISCHARGED: (attach additional pages if more room is needed)

METHOD OR TECHNIQUE INTENDED TO BE USED FOR DISCHARGE OF FIREWORKS:

PROPOSED MEANS OF CROWD CONTROL TO ISOLATE/SECURE DISCHARGE SITE: _____

PROPOSED METHOD AND LOCATION OF STORAGE OF THE DISPLAY FIREWORKS PRIOR TO SET-UP AND DISPLAY: _____

PROPOSED PLAN FOR CLEAN-UP AND DISPOSAL OF UNUSED DISPLAY FIREWORKS AND SITE AREA FOLLOWING THE DISPLAY: _____

INTENDED FIRE AND EMERGENCY PROCEDURES FOR THE SITE: (attach additional pages if more room is needed): _____

DECLARATION

I am the owner or authorized agent of the owner of the above noted property, and I certify the truth of all the statements and representations in this and all other documents submitted.

I acknowledge that it is an offence to provide false information or to contravene any conditions included in the permit.

OWNER'S NAME (Print)

OWNER'S SIGNATURE

DATE

I am the applicant and authorized agent of the owner for the above application, and I certify the truth of all the statements and representations in this and all other documents submitted. I agree if a permit is issued not to depart from the plans, routes, specifications proposed in this application and to adhere to any and all conditions imposed by the Chief Fire Official in granting a permit.

APPLICANT'S NAME (Print)

APPLICANT SIGNATURE

DATE

FOR OFFICE USE ONLY:

Date Application Received: _____

☐ Application forwarded to the SERT Committee Date: _____PERMIT ☐ Approved Date: _____☐ Denied Chief Fire Official: _____

Terms and Conditions: _____

