

5 Second Street Chatham ON N7M 5X2 Phone: 519.436.3270 Fax: 519.352.8620

Permit No: _____

APPLICATION FOR A <u>CONSUMER FIREWORKS</u> EVENT PERMIT – ON MUNICIPAL PROPERTY

Municipality of Chatham-Kent By-law Number 56-2016

Application must be	received by Chatham-Kent Fire & Emergency Ser	vices 30 days prior to even	t. Application Date:
Applicant	Name		
	Address:		
			Cellular No.:
The Applicant h	nas included the following information	for this permit applicat	ion:
the co Writte Munic A copy A diag A list, i	ntrol of the Municipality of Chatham-Ke	ent. The land that the firew allout zone, spectator a layed. ce (included with Specia	al Event Application).
Fireworks	Name:		
Supervisor			
	Phone #:		Cellular #:
	Certificate ID Number:		copy provided event along with copy of Certificate)
Event			
Information	n Event Location:		
	Event Date & Time:		Event RAIN Date:
	Name of manufacturer of fire	eworks:	
Declaration:			
solemnly decla	are that all the statements contained i y believing it to be true.		f rue and I make this solemn declaration
any Employee		tigation caused by or	f of Chatham-Kent Fire & Emergency Services and attributed to by the negligence, error or omission of .
Signature of A	pplicant:		Date:
Approving Off	ficer:	Signature:	Date: