



Muskoka Lakes Fire Department
1 Bailey St., Port Carling ON P0B 1J0
Phone: 705-765-3156 Fax: 705-765-3288

Display Fireworks Event Approval Form

Name of Applicant (*printed*): _____

Mailing address: _____

Telephone: _____ Cell phone: _____

Fax: _____ E-mail: _____

Supervisor's certificate number: _____

Class: _____ Expiry date: _____

Company (*if applicable*):

Name: _____

Mailing address: _____

Telephone: _____ Cell phone: _____

Fax: _____ E-mail: _____

Sponsoring Organization (*if applicable*):

Name: _____

Mailing address: _____

Fireworks Display Event Location:

Event location: _____

GPS coordinates (*if available*): _____

Date/s: _____

Insuring Agency:

Name of insuring agency: _____

Mailing address: _____

Telephone: _____ Fax: _____

E-mail: _____

Amount of insurance coverage: \$ _____

Site Storage of Fireworks:

Location of fireworks storage on site: _____

Method of fireworks storage on site: _____

Signature of Supervisor in Charge: _____

Date: _____

Copy of supervisor's certificate attached (*front and back*): Yes No

Copy of proof of insurance: Yes No

Emergency plan attached (*shall include firefighting, 1st aid services and fallout zone security*): Yes No

Site plan attached (*shall include estimated audience numbers, emergency vehicle access routes and alternate plan for change in wind direction and/ or speed*): Yes No

Event description attached (shall include firing method): Yes No

Is Racking is being used to hold Motors Yes No
• If yes please provide proof that racks have been tested to withstand any in- motor explosion and still maintain the integrity of the rack (2.2.6.Mortars)

List of fireworks attached (*shall include: quantity and name*): Yes No

Application review fee attached (*\$75.00 + HST - payable to "Township of Muskoka Lakes"*): Yes No

AHJ Requirements (*determined after review of application*):

Site visit required: Yes No

Demonstration of fireworks required: Yes No

AHJ attending event: Yes No

Permission of Local Authority Having Jurisdiction:

Name: _____ Title: _____

Organization: **Muskoka Lakes Fire Department**

Address: **1 Bailey St., Port Carling, ON P0B 1J0**

Telephone: **705-765-3156** Fax: **705-765-3288**

E-mail: _____

Signature of Authority Having Jurisdiction: _____

Comments: _____

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act, M.56, R.S.O. 1990 and will be used for the sole purpose that it has been collected. Questions about this collection should be directed to the Clerk, Township of Muskoka Lakes, Box 129, Port Carling, ON P0B 1J0 (705)765-3156.