



50 Colborne Street, South
 Simcoe, Ontario N3Y 4H3
 Phone: 519-426-5870
 Fax: 519-426-8573

Licence Number: _____

Application for a Display Fireworks Event Permit

Norfolk County By-Law Number 2008-103

Application must be received by the Clerks Department

21 days prior to the event.

Application Date: _____

Applicant Information:

Name: _____

Address: _____

Town: _____ Province: _____ Postal Code: _____

Phone Number: _____ Cell Number: _____

Check the appropriate box that pertains to the Display Fireworks Event application:

- The Applicant is the registered owner of the land for which this License has been requested and issued.
- The Applicant has provided written consent from the owner or owner's agent of the land for which this License has been requested and issued.
- The Applicant has provided written consent from Norfolk County if the land that the fireworks display is to be initiated upon owned or in the control of Norfolk County.

Fireworks Supervisor:

Name: _____

Address: _____

Town: _____ Province: _____ Postal Code: _____

Phone Number: _____ Cell Number: _____

Supervisor ID Number: _____

Event Information:

Name: _____

Event Date: _____ Event RAIN Date: _____

Name of manufacturer of fireworks: _____



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Declaration:

I, _____ of _____

Solemnly declare that all the statements contained in this application are true and I make this solemn declaration conscientiously believing it to be true.

Further, I agree to absolve the County of Norfolk, the Chief of Norfolk County Fire Department and any Designated Employee from any and all damages or civil litigation caused by or attributed to a display fireworks event initiated by the owner, occupier or person In charge of the premises.

Signature: _____ Date: _____