



CITY OF **Thunder Bay**  
*Superior by Nature*  
**FIRE RESCUE**  
 330 N. Vickers Street  
 Thunder Bay, ON P7C 4B2  
 Tel: (807) 625-2103

Schedule "A" to By-law Number 86-2021

# APPLICATION FOR FIREWORKS DISPLAY

NAME OF APPLICANT		DATE OF APPLICATION
NAME OF ORGANIZATION	NAME OF CONTACT PERSON	TELEPHONE NUMBER
NAME OF SUPPLIER / COMPANY	DATE OF DISPLAY _____ 20 _____	TIME
EXACT LOCATION OF DISPLAY		<input type="checkbox"/> MAP / DIAGRAM <input type="checkbox"/> PERMISSION LETTER
NAME OF LAND OWNER		TELEPHONE NUMBER
FULL NAME (of the applicant and of the person or persons by whom or under whose supervision the display will be conducted)		
DATE OF BIRTH	QUALIFICATION AND EXPERIENCE	
CARD NUMBER	EXPIRY DATE OF CERTIFICATE	
NUMBER AND KIND OF FIREWORKS TO BE DISCHARGED <input type="checkbox"/> LOW HAZARD <i>How many:</i> _____ <input type="checkbox"/> HIGH HAZARD <i>How many:</i> _____		
MANNER AND PLACE OF STORAGE OF FIREWORKS PRIOR TO DISPLAY		METHOD OF TRANSPORT
OTHER / MISC	COST OF FIREWORKS	

**APPLICANT READ THE FOLLOWING:**

*I certify that the information contained in this application is true and correct and that permission for the holding of the display has been obtained from the land owner.*

If not on applicant's property, present authorization. \_\_\_\_\_  
 SIGNATURE OF APPLICANT

**Applications submitted less than 21 days prior to the scheduled event, or submitted without pertinent information MAY NOT be considered.**

<b>FOR POLICE OFFICE USE ONLY</b>	
<input type="checkbox"/> The undersigned has no objection to this application.	
<input type="checkbox"/> The undersigned recommends denial of this application.	
Date: _____, 20____.	_____ CHIEF OF POLICE
<b>Comments of any other City or other Officials, if any:</b> _____	
_____	
Date: _____, 20____.	_____ INDICATE CITY OR OTHER OFFICE

# **APPLICATION FOR FIREWORKS DISPLAY**

(Effective November 2022)

The following information will be required on all Applications for Fireworks Display.

1. Name of group holding event.
2. Name, phone number, address and D.O.B. of responsible person from event group
3. Location of display – the location is required to assure adequate fallout zones exist.
4. Written permission from owner of land where display will take place.
5. Full name, date of birth, qualifications and a log of the responsible applicant / technician's experience. A legible copy of NRC certificate is required, including expiry date. Company name and address required.
6. Names and qualifications of assistants are required
7. Manifest of fireworks to be used in display to be included
8. High hazard fireworks fee = \$195 + HST; Low hazard fireworks fee = \$84 + HST. Collection of fee due at time of permit issue.
9. Manner and storage place of fireworks prior to display must be disclosed
10. Copy of third party Certificate of Insurance - \$4 million indemnification required.

Failure to complete the form or to supply all required information will result in the permit being denied.

**\*\* Please Note:**

Fireworks permits will require a minimum of 21 days to process.

Any personal information we collect is collected under the authority of the Municipal Act, 2001. Personal information is collected in compliance with the Municipal Freedom of Information and Protection of Privacy Act. The personal information collected is for the purpose of issuing Fireworks Permits. None of your personal information will be shared, rented, sold or otherwise released to any third party without your consent