



APPLICATION TO PURCHASE AND FIRE FIREWORKS

*Class 7.2.1., 7.2.2.

- Note: 1. Applicant must be the person supervising the firing of the fireworks
2. Applicant must be 19 years of age or over
3. Obtain signed approval of the Fire Marshal /Designate
4. Submit approved application to licensed vendor
5. For fireworks within the City of Yellowknife please contact (867) 920-5600 or go to https://yellowknife.surveysolutionsgroup.ca/TakeSurvey.aspx?SurveyID=82KH612

Name of Applicant: _____ Age: _____

Mailing Address: _____ Phone #: (____) _____

I HEREBY MAKE APPLICATION TO PURCHASE AND FIRE * 7.2.1., 7.2.2. (Please circle appropriate class) FIREWORKS ON BEHALF OF:

Myself: _____ OR: Sponsoring Organization: _____

Address: _____

Location of Display: _____

Date: _____ Time: _____

NAME OF SUPPLIER: _____

ADDRESS: _____

Phone #: _____ Fax #: _____ Date: _____

I CERTIFY THAT I WILL ABIDE BY THE GENERAL SAFETY RULES AND SPECIFIC INSTRUCTIONS OF THE MANUFACTURER GOVERNING A PARTICULAR FIREWORK.

I HEREBY ACKNOWLEDGE THAT IF FOR ANY REASON I AM UNABLE TO FIRE THE FIREWORKS AT THE LOCATION DATE AND TIME SPECIFIED ABOVE, THAT I AM REQUIRED TO OBTAIN A NEW AUTHORIZATION PERMIT PRIOR TO FIRING THE DISPLAY. I FURTHER ACKNOWLEDGE THAT FIRING THE DISPLAY WITHOUT A VALID AUTHORIZATION PERMIT WILL BE CONSTITUTED AS A VIOLATION UNDER THE FIRE PREVENTION ACT.

Signature of Applicant: _____ Date: _____

IF PURCHASING OR FIRING 7.2.2. HIGH HAZARD FIREWORKS, YOU MUST PROVIDE:
Your Fireworks Supervisor's Card #: _____ Expiry Date: _____

The applicant is hereby authorized pursuant to the Fireworks Regulations – R033-2003 to purchase and fire fireworks (Note: 7.2.2. restriction) at the location, date, and time mentioned above subject to local by-laws and restrictions listed in comments below.

Comments: _____

Signature of Fire Marshal/Designate _____ Date _____