PUBLIC FIREWORKS EVENT
APPLICATION FOR PERMIT UNDER
TOWN OF AURORA BY-LAW # 5373-11
TOWN OF NEWMARKET BY-LAW #2015-18

To: Central York Fire Services   Phone: 905-895-9222
      984 Gorham St.,   Fax: 905-895-1900
      Newmarket, ON   L3Y 1L8

1)   I hereby make application for a PERMIT to hold a fireworks display.

Name: _____   Phone: _____
(Licensed Firework Supervisor in charge of the Display)

Address: _____

License #: _____   Expiry Date of License: _____

**2)   I am authorized by the following organization to make and sign this application.
A copy of Letter of Authorization is attached:**

ORGANIZATION: _____

ADDRESS: _____

PHONE #: _____   FAX #: _____

3)   Particulars of Firework display:

CLASS OF FIREWORKS TO BE USED: Class 7.2.1. ☐   Class 7.2.2. ☐   Class 7.2.5. ☐

LOCATION: _____

DATE: _____   TIME: From: _____   To: _____

ALTERNATIVE DATE: _____   TIME: From: _____   To: _____

4)   A location map showing fireworks display areas duly approved, in writing, by the respective landowner is attached.

5)   I attach hereto proof of comprehensive general liability insurance in an amount of FIVE MILLION DOLLARS covering the event and duly approved in writing by the Town of Newmarket and/or Aurora Clerks Department.

6)   I understand that a Permit Fee of $97.30 is payable upon application.

7)   I hereby undertake and agree to indemnify and save harmless, the Town of Newmarket and/or Aurora and its employees from all actions, suits, claims and demands whatsoever, which may be brought against the Town of Newmarket and/or Aurora in respect of any loss, damage or injury to any person or property arising directly or indirectly out of or as a result of the Town issuing this permit for a public fireworks event.

8)   I hereby certify that I have read, understood and will be guided by all the applicable rules and regulations made under the Canada Explosives Act and the specific instruction of the fireworks manufacturers for all intended purposes of the fireworks display under application.

_____   _____
Signature of Applicant   **Date**