

SCHEDULE 1

APPLICATION FOR DISCHARGE OF FIREWORKS

MUNICIPALITY OF MIDDLESEX CENTRE

DATE OF EVENT: _____ ALTERNATE DATE: _____

PERMIT FOR HIGH HAZARD DISPLAY: YES NO

REQUEST FOR EXEMPTION: YES NO

TIME AND DURATION OF EVENT: _____

LOCATION OF EVENT: _____

PROOF OF PERMISSION OF PROPERTY OWNER (MUST BE ATTACHED): YES

SPONSORING ORGANIZATION: _____

ADDRESS OF ORGANIZATION: _____

CONTACT NAME: _____

TELEPHONE: _____ FAX: _____

SUPERVISOR OF EVENT: _____

SUPERVISOR'S PYROTECHNICAL CERTIFICATE #: _____
(COPY OF CERTIFICATE MUST BE ATTACHED)

NUMBER OF CREW MEMBERS INCLUDING SUPERVISOR: _____

TYPE OF FIREWORKS TO BE DISCHARGED: HIGH HAZARD
 LOW HAZARD

DISCHARGE METHOD: ELECTRICAL
 HAND FIRED
 COMBINATION OF ELECTRICAL & HAND FIRED

DISPOSAL OF UNUSED FIREWORKS: _____

SECURITY/BARRIERS: _____

SITE PLAN (MUST BE ATTACHED): LOCATION OF DETONATION
 LOCATION OF AUDIENCE FOR EVENT
 LOCATION & TYPE OF FIRE
EXTINGUISHERS
 CELL PHONE/PAY PHONE LOCATIONS
 RADIO LOCATION
 FIRST AID KIT LOCATION

APPLICATION FEE(S) (MUST BE ATTACHED): YES

COPY OF INSURANCE CERTIFICATE (MUST BE ATTACHED): YES

SPECIAL NOTES: _____

Signature of Applicant

Date