



DISTRICT OF HOPE

APPLICATION FOR FIREWORKS DISPLAY

(To accompany Special Event Application)

Application for Special Event Approval/Purchase of Display Fireworks

PART 1 – APPLICATION BY FIREWORKS SUPERVISOR

I hereby make application to hold a fireworks display.

Name:

Address:

Telephone:

Fax:

Signature:

Fireworks certificate #:

****Please note: a copy of your valid certificate must accompany this application ****

Level - 1 or 2: (Please circle)

Expiry Date:

Sponsor:

Address:

Contact Person:

Telephone:

Location of display:

Date/hour of Display:

Rain date:

Site plan attached:

Proof of Insurance:

(company, policy number and coverage amount)

Storage Location:

PART 2 – APPROVAL BY LOCAL AUTHORITIES HAVING JURISDICTION

The applicant has complied with local requirements and has permission to hold a fireworks display at the location and date mentioned above.

Name of authorizing officer:

Title:

LAFC Badge #:

Signature:

Date:

Additional instructions: