



Municipality of Dysart et al
Fire Department

P.O. Box 389, Haliburton, ON K0M 1S0

705-457-2126

Fax: 705-457-1964

Fire Chief Dan Chumbley

Email: dchumbley@dysartetal.ca

"The Heart of the Highlands" _____

Public Display Fireworks Event Approval Form

Name of applicant (printed): _____

Mailing address: _____

Telephone / Fax / E-mail: _____

Supervisor's certificate number: _____

Class: _____ Expiry date: _____

Company (if applicable): _____

Address: _____

Telephone / Fax / E-mail: _____

Sponsoring organization (if applicable): _____

Address: _____

Event location: _____

Date(s): _____

Name of insuring agency: _____

Amount: _____

Address: _____

Telephone / Fax / E-mail: _____

Place and method of fireworks storage on site: _____

Signature of Supervisor in

Charge: _____ **Date:** _____

Permission of local Authority Having Jurisdiction

Name (printed): _____

Title: _____

Organization: _____

Address: _____

Telephone / Fax / E-mail: _____

Site plan attached: Yes No

Event description attached: Yes No

Signature of Authority Having Jurisdiction: _____

Date: _____

Permit Fee (\$60.00) attached: Yes No

Additional Comments: _____

