



Municipality of Dysart et al
Fire Department

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Fire Chief Mike Iles
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"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: (Minimum \$5 million required) _____

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: _____

