



**Muskoka Lakes Fire Department**  
1 Bailey St., Port Carling ON P0B 1J0  
Phone: 705-765-3156 Fax: 705-765-3288

## Pyrotechnic Fireworks Event Approval Form

**Name of Applicant** (*printed*): \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Supervisor's certificate number: \_\_\_\_\_

Class: \_\_\_\_\_ Expiry date: \_\_\_\_\_

**Company** (*if applicable*):

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Sponsoring Organization** (*if applicable*):

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

**Pyrotechnics Display Event Location:**

Event location: \_\_\_\_\_

GPS coordinates (*if available*): \_\_\_\_\_

Date/s: \_\_\_\_\_

**Insuring Agency:**

Name of insuring agency: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Amount of insurance coverage: \$ \_\_\_\_\_

**Site Storage of Fireworks:**

Location of fireworks storage on site: \_\_\_\_\_

Method of fireworks storage on site: \_\_\_\_\_

**Signature of Supervisor in Charge:** \_\_\_\_\_

Date: \_\_\_\_\_

Copy of supervisor's certificate attached (*front and back*):  Yes  No

Copy of proof of insurance:  Yes  No

Emergency plan attached (*may include firefighting, 1<sup>st</sup> aid services, fire watch procedures, etc.*):  Yes  No

Site plan attached (*shall include estimated audience numbers, emergency vehicle access routes, fallout zones*):  Yes  No

Event description attached (shall include firing method):  Yes  No

List of pyrotechnics attached (*shall include: Company, UN Number, Product Name, UN Class*):  Yes  No

Application review fee attached (*\$100.00 + HST - payable to "Township of Muskoka Lakes"*):  Yes  No

**AHJ Requirements** (*determined after review of application*):

Site visit required:  Yes  No

Demonstration of fireworks required:  Yes  No

AHJ attending event:  Yes  No

**Permission of Local Authority Having Jurisdiction:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: **Muskoka Lakes Fire Department**

Address: **1 Bailey St., Port Carling, ON P0B 1J0**

Telephone: **705-765-3156** Fax: **705-765-3288**

E-mail: \_\_\_\_\_

**Signature of Authority Having Jurisdiction:** \_\_\_\_\_

Comments: \_\_\_\_\_

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