



Fireworks Vendor Permit

Business Name: _____

Address: _____

Phone Number: _____

Email: _____

Temporary sales establishment: Yes

No

Business contain a dwelling: Yes

No

Proposed amount of fireworks being stored _____ kg

Will Fireworks be displayed for sale: Yes

No

Storage tanks for flammable substances on location: Yes

No

Office Use Only

Conditions of Permit:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Permit Approval (Office Use Only)

Permit #: _____ Effective Date: _____ Expiry Date: _____

Safety Codes Officer Name: _____ Safety Codes Officer Signature: _____

Safety Codes Officer #: _____ Designation of Power #: _____