



Seguin Township

5 Humphrey Drive

Seguin, ON P2A 2W9

Telephone: (705) 732-4300 Fax: (705) 732-6347

Seguin Fire Services - Fireworks Display Permit Application

Name of Applicant (*printed*): _____

Mailing Address: _____

Telephone: _____ Cell Phone: _____

Fax: _____ Email: _____

Supervisor's Certificate Number: _____

Class: _____ Expiry Date: _____

Company (*if applicable*)

Name: _____

Mailing Address: _____

Telephone: _____ Cell Phone: _____

Fax: _____ Email: _____

Sponsoring Organization (*if applicable*)

Name: _____

Mailing Address: _____

Fireworks Display Event Location

Event Location: _____

GPS Co-ordinates (*if applicable*): _____

Date: _____

Insuring Agency

Name of Insuring Agency: _____

Mailing Address: _____

Telephone: _____ Email: _____

Amount of Insurance Coverage: _____

Storage of Fireworks

Location of fireworks Storage on Site: _____

Method of Fireworks Storage on Site: _____

Signature of Supervisor in Charge: _____

Date: _____

Additional Information Required

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

Copy of proof of insurance Yes No

Emergency plan attached (*include firefighting, 1st aid services and fallout zone security*) Yes No

Site Plan attached (*include estimated audience numbers, Emergency vehicle access routes and alternate plan for change in wind direction and/or speed*) Yes No

Event description attached (*include fire method*) Yes No

Is racking being used to hold mortars (*if yes, provide proof that racks have been tested to withstand any in-mortar explosion and still maintain the integrity of the rack – 2.2.6. Mortars*) Yes No

List of fireworks attached (*include name and quantity*) Yes No

Is the fire department required to attend the event? (*if yes, fees are applicable, and will be based on the current MTO rate*) Yes No

Permit Approval

Place of Issue: _____ Seguin Township

Signature (Seguin Fire Services): _____

Signature of Permittee: _____

Date: _____