



**Town Of Essex  
Application to Hold a Fireworks Display**

<b>Applicant Information</b>					
Organization Name:					
Contact Name:			Contact Position:		
Address:			City:	Postal Code:	
Email:			Phone:		
<b>Event Information</b>					
Name of Event:					
Description of Event:					
Date of Event	From:		To:		
Time of Event	From:		To:		
Location					
Number of Event Participants:					
<b>Insurance Information (Please submit Certificate of Insurance along with this form)</b>					
Total Amount of Liability Insurance Obtained for Event:					
Name of Insurance Company:			Name of Insurance Agent:		
<b>Acknowledgement of Fireworks Supervisor</b>					
By typing my name below (eSignature) or by signing my name on the line, I certify that I have completed a course for fireworks supervisors and that I have read, understand and will be guided by the principles and safety rules of the fireworks manual, any applicable municipal by-laws, as well as by the specific instructions of the fireworks manufacturer governing a particular firework.					
Name of Fireworks Supervisor:					
Address:			City:	Postal Code:	
Email:			Phone:		
Fireworks Supervisor Card Number:			Expiry:		
<b>Approval (For Municipal Use Only)</b>					
<input type="checkbox"/> The applicant has successfully completed the required course(s) to supervise a fireworks event and has complied with all local regulations. The applicant is hereby authorized to hold a fireworks event according to the event details listed above.					
Authorizing Signature:			Date:		
Position Title:			Municipal Department:		
Signature of Clerk:					