



By-Law 2011 Schedule "A" Application for Fireworks Display

Applicant Information		
Organization Name:		
Contact Name:	Contact Position:	
Address:	City:	Postal Code:
Email:	Phone:	
Event Information		
Name of Event:		
Description of Event:		
Date of Event	From:	To:
Time of Event	From:	To:
Location:		
Number of Event Participants:		
Insurance Information		
<i>Proof of Liability Insurance with a minimum coverage of five million Canadian dollars (\$5,000,000) with the Corporation of the Town of Essex named as an additional insured must be attached to this application.</i>		
Total Amount of Liability Insurance Obtained for Event:		
Name of Insurance Company:		
Name of Insurance Agent:		
Acknowledgement of Fireworks Supervisor or Pyrotechnician		
<i>By typing by name below (eSignature) or by signing my name on the line, I certify that I have completed a course for fireworks supervisors / I am a certified pyrotechnician (if pyrotechnic special effect fireworks are to be used), and that I have read, understand and will be guided by the principles and safety rules of the fireworks manual, all applicable municipal by-laws, as well as by the specific instructions of the fireworks manufacturer governing a particular firework, and any specific additional requirements set by the Fire Chief or designate.</i>		
Name of Fireworks Supervisor:		
Address:	City:	Postal Code:
Email:	Phone:	
Fireworks Supervisor Card Number:	Expiry:	
Additional Application Requirements to be Attached		
<input type="checkbox"/> Site Plan Map (detailing location, emergency vehicle access, free zone distance)		
<input type="checkbox"/> Indemnification/Liability Agreement Signed		
<input type="checkbox"/> Written Approval from CAO/Director, Community Services if held on municipal property		
Approval (for Municipal Office Use Only)		
<input type="checkbox"/> The applicant has successfully completed the required course(s) to supervise a fireworks event and has complied with all local regulations, including the requirements set out in the municipal by-law. The applicant is hereby authorized to hold a fireworks event according to the event details listed above.		
Authorizing Signature:		
Position Title:	Date:	