



Village of Fort Simpson
9401-100th Street, Box 438
Fort Simpson, NT
X0E 0N0

APPLICATION TO PURCHASE FIREWORKS
CLASS 7.2.1. & 7.2.2.

- 1. Applicant must be the person supervising the firing of the fireworks
- 2. Applicant must be over 19 years of age
- 3. Obtain signed approval of the Village of Fort Simpson
- 4. Submit approved application to licensed Vendor

Name of Applicant: _____ Age: _____

Mailing Address: _____ Phone #: _____

I HEREBY MAKE APPLICATION TO PURCHASE AND FORE 7.2.1. AND/OR 7.2.2. (Circle appropriate class) FIREWORKS ON BEHALF OF:

Myself: _____ Or Sponsoring Organization: _____

Address: _____

Location of Display: _____ Date: _____

Name of Supplier: _____

Address: _____

Phone #: _____ Fax #: _____

I CERTIFY THAT I WILL ABIDE BY THE GENERAL SAFETY RULES AND SPECIFIC INSTRUCTIONS OF THE MANUFACTUREER GOVERNMING A PARTICULAR FIREWORK.

I HEREBY ACKNOWLEDGE THAT IF FOR ANY REASON I AM UNABLE TO FIRE THE FIREWORKS AT THE LOCATION DATE AND TIME SPECIFIED ABOVE, THAT I AM REQUIRED TO OBTAIN A NEW AUTHORIZATION PERMIT PRIOR TO FIRING THE DISPLAY. I FURTHER ACKNOLEDGE THAT FIRING THE DISPLAY WITHOUT A VALID AUTHORIZATION PERMIT WILL BE CONSTITUTED AS A VIOLATION UNDER THE FIRE PREVENTION ACT.

Signature of Applicant: _____ Date: _____

Signature of Authority: _____ Date: _____