



**PERMIT TO DISCHARGE LOW-HAZARD FIREWORKS**  
**Schedule "A" to**  
**TOWNSHIP OF WELLESLEY BY-LAW NUMBER 29/2011**

<b>Date of Application:</b> _____	<b>For Office Use Only</b> <b>License #:</b> _____  <b>Valid Until:</b> _____
<b>NAME:</b> _____	
<b>ADDRESS:</b>	Street: _____  Postal Code: _____ Phone Number: _____
<b>Proposed Date of Discharge:</b> _____ <i>In the event of inclement weather, discharge of fireworks may take place within 2 days following the proposed date of discharge.</i>	
<b>Location of Discharge:</b> _____	
<b>Description of Fireworks to be Discharged:</b>  _____	
_____	_____
<i>(Date)</i>	<i>(Signature)</i>
The undersigned hereby releases the Corporation of the Township of Wellesley from any or all claims for damage which may arise in the discharging of fireworks.	
<b>FOR OFFICE USE ONLY</b>	
<b>\$50.00 Fee Paid:</b> _____	
<b>Approved by:</b> _____ Township of Wellesley Fire Chief or his Designate	
<b>Not Recommended for Approval:</b> <b>Reason:</b> _____	
Personal information collected on this form is collected pursuant to the Municipal Act S.O. 2001, c.25 and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Clerk	