

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

Date of Application:	For Office Use Only License #: _____ Valid Until: _____
NAME:	
ADDRESS:	Street: _____ Postal Code: _____ Phone Number: _____
Proposed Date of Discharge: _____ <i>In the event of inclement weather, discharge of fireworks may take place within 2 days following the proposed date of discharge.</i>	
Location of Discharge:	
Description of Fireworks to be Discharged:	
<div style="display: flex; justify-content: space-between;"> _____ (Date) _____ (Signature) </div>	
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.	
FOR OFFICE USE ONLY	
\$50.00 Fee Paid: _____	
Approved by: _____ Township of Wellesley Fire Chief or his Designate	
Not Recommended for Approval: Reason: _____	
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 Executive Director Corporate/Clerk	