



AUTHORIZATION FOR THE USE OF FIREWORKS

Identification of the person in charge		
Surname :	First name :	Email :
Address :		City :
Postal code :	Telephone :	Cellular phone:

Owner Identification (if different)		
Surname :	First name :	Email :
Address :		City :
Postal code :	Telephone :	Cellular phone:

Location for which the authorization is requested (if different from that of the applicant)	
Address :	
Date of the event :	Date of the end of the event :

Diagram of the site (Please include approximate distances from vehicles and buildings)

Conditions to be observed while using fireworks
<p>Anyone who manipulates fireworks must respect the following conditions :</p> <ul style="list-style-type: none"> ➤ Have the necessary equipment at all times at, or in proximity of the area where the event will take place, to prevent its spreading, that is, a water hose or a portable extinguisher of adequate capacity; ➤ Ensure constant supervision of the fireworks by at least one adult who must see to it that all the conditions are met at all times; ➤ The premises used for the fireworks must be safe under all circumstances; ➤ Before leaving, ensure the safety of the premises; ➤ Respect the conditions of the Standardized bylaw with respect to the maintenance of public peace and order; ➤ Check with your insurance company to see if you are covered for this type of activity.
<p>I confirm that the information provided above is true and that, if I am granted the permit or certificate, I agree to abide by the regulations and relevant laws.</p> <p>Applicant's name (block letters): _____</p> <p>Signature : _____ Date: _____</p>

<p><i>RESERVED FOR THE FIRE DEPARTMENT DIRECTOR</i></p> <p>APPLICATION RECEIVED ON : _____</p> <p>APPROVED ON : _____ by _____</p> <p style="text-align: right;"><i>Director of the Pontiac Fire Department</i></p> <p>Other conditions imposed by the Director : _____</p>

The application for authorization must be sent to the Municipality at least one month before the event
info@municipalitepontiac.ca