



**CLEARVIEW  
 TOWNSHIP**

**PUBLIC FIREWORK DISPLAY PERMIT**

<b>Applicant Company or Organization:</b>	
<b>Address:</b>	
<b>Tel#</b>	
<b>Full Name of Agent/Responsible Person or Contact Person:</b>	
<b>Tel#</b>	<b>Cell#</b>
<b>Address:</b>	

**EVENT**

**Type of Display:**  
**1. Includes fireworks NOT defined in Class 7 Division 2 Subdivision 2 of the Explosive Regulations made pursuant to the Explosives Act: Y N**  
  
**2. Includes fireworks DEFINED in Class 7 Division 2 Subdivision 2 of the Explosive Regulations made pursuant to the Explosives Act. Y N**  
**(Permit Fee Schedule: 1. \$50.00 2. \$150.00)**

**Time and Date(s):**  
**Alternate Time and Date(s):**  
**Name (if any) and Address of Location:**

**Owner of Land:**

**Tel#: \_\_\_\_\_ Cell #: \_\_\_\_\_**  
**Signed Written Permission of Landowner to be attached including date of letter and date of event: Attached: Y N**

**INSURANCE COVERAGE:**

(Applicant has to provide proof of insurance coverage in the sum of \$5 million, naming the Township of Clearview as an additional insured.)

**Insurance Company:**

**Policy #: \_\_\_\_\_ Date(s) of Coverage: \_\_\_\_\_**

(Please Attach Copy of Certificate of Insurance)

**FIREWORKS TECHNICIAN**

**Full Name:**  
**Address:**  
**Tel# \_\_\_\_\_ Cell # \_\_\_\_\_**

**Certification: Fireworks Supervisor Level I \_\_\_\_\_  
 Fireworks Supervisor Level II \_\_\_\_\_**  
 (Attach copy of Certification as per display type)

<b>Signature of Applicant:</b>	<b>Dated:</b>
<b>Permit Issued / Denied:</b>	<b>Dated:</b>
<b>Signed: _____                  Fire Chief or Designate</b>	<b>Dated:</b>

## **SITE PLAN**

**Required to show with dimensions;**

- 1. the location of the proposed public fireworks display, and**
- 2. the access to be provided for fire and emergency vehicles. and**
- 3. the free zone area of clear distance between the point of launch and an occupied area.**  
**(Also append a statement of the safety measures being implemented.)**