RESORT VILLAGE OF KIVIMAA-MOONLIGHT BAY APPLICATION FOR FIREWORKS PERMIT

Name of Applicant:			
Birth Date:		Age:	
Mailing Address:			
Phone:			
THE APPLICANT HEREBY appl	ies to fire set off o	r explode Low Hazard/Fami	ly Fireworks on
		•	•
property within the Resort Vi	llage as designated	by the Fire Chief as follows	;:
Location:			
	T' (Cl1)	/r I)	
Date:	Time: (Start)	(End)	
Estimated Number of Spectar	tors:		
Type and Quantity of Firewor	·ks:		
THE APPLICANT CERTIFIES tha	at the Applicant und	derstands and will be guide	d by the provisions
of the Resort Village of Kivim	aa-Moonlight Bay B	Bylaw No. 8/08 and all appli	cable provincial and
federal laws and regulations	in force and any cor	nditions or restrictions impo	osed in this Permit
by the Fire Chief.			
,			
THE APPLICANT CERTIFIES tha	at the Applicant und	derstands that no person m	ay fire, set off, or
explode or otherwise use fire	works except betw	een the time and date spec	ified in this
application.			
Signature of Applicant		Date	

PERMISSION IS GRANTED to the above Applicant to fire, set off, or explode fireworks at the location and on the date and time(s) as set out above, subject to the Resort Village of Kivimaa-Moonlight Bay Bylaw No. 8/08, and to following restrictions and conditions:

- This permit is not transferable. Only the Applicant is authorized under this permit to fire, set off or explode fireworks.
- The Applicant may only fire, set off or explode the type and quantity of fireworks described in the application.
- The Applicant may fire, set off or explode otherwise use fireworks between the set time and date as approved by the Fire Chief.
- The Applicant must ensure that all debris and litter related to the Fireworks Event is removed from the location at the conclusion of Fireworks Event.

Fire Chief or Authorized Designate

Date of Issue