

Schedule "C"- By-law No. 2012-067

Township of Oro-Medonte

Municipal Law Enforcement Division (705) 487-2171

CONSUMER FIREWORKS PERMIT (DISCHARGE)

APPLICATION FOR THE DISCHARGE OF CONSUMER FIREWORKS

Signature of Applicant _____

 Include with completed application: Applicable permit fee payment of \$50.00 Written Permission from the property owner. 		Approvals (of	Approvals (office use only)		
	Description of Event	Fire	Date		
Date of Event: Start Time:		End Tim	ne:		
Applicant Information					
First Name	Last Name	Title (Mr./Mrs./eto	c)	Birth Date (dd/mm/yyyy)	
Home Address (Street Number and Name)		City	Province	Postal Code	
Phone Number	Fax Number	l E-mail <i>F</i>			
	1	1			
Proposed Location of Discharge		Owner o	Owner of Land (include address)		
Details of Event:		,			
Statement of Fact – Imp	ortant – Please read carefully				
I make the following sta	tement of fact:				
2. I am aware that if a	et forth in this application is true, acc a permit is granted I will comply with false Statement of Fact may result	n the requirements of By-	law No. 2012-067 and	any other relevant statute or act.	
This Statement of Fact	was made on this day of _	,	20		