



High Hazard (Display) Fireworks Event

Application Form

Please allow 14 calendar days from date of applications for response

Printed Name of Applicant: _____

Mailing Address: _____

Telephone/Fax/E-mail: _____

Supervisor's Certificate Number: _____

Class: _____ Expiry Date: _____

Company (if applicable): _____

Address: _____

Telephone/Fax/E-mail: _____

Sponsoring Organization (if applicable): _____

Address: _____

Event Location: _____

Event Date(s): _____

Name of Insuring Agency: _____

Amount: _____

Address: _____

Telephone/Fax/E-mail: _____

Place and Method of Pyrotechnic Storage on Site: _____

Documentation to Accompany Application:

Certificate of Liability Insurance –

Minimum \$5,000,000 Attached:

Site Plan Attached:

Event Description Attached:

Property Owner Approval Attached:

Copy of Display Supervisor I.D. Card

Signature of Fireworks Supervisor: _____ Date: _____

Forward to the Saskatoon Fire Department:

Fire Marshal

Fire Prevention & Investigation Division

125 Idylwyld Drive South

Saskatoon, Saskatchewan S7M 1L4

Phone: 306) 975-2578 Fax: (306) 975-2589

Email: fireinspections@saskatoon.ca