



56 Wheatland Avenue, P.O. Box 460, Smoky Lake, AB., T0A 3C0
Telephone: (780) 656-3674 Fax: (780) 656-3675

Application to Discharge Fireworks Form

Part 1: Approval by Local Fire Chief or Designate

Name of Fire Chief or Designate: _____

Date: _____ Signature: _____
(*Signature Required)

Physical Location of the Show: _____

Date of Show: _____

Part 2: Customer Information

_____, declare the following with regards to
(*Print Customer Name)

Discharging of Fireworks within Town of Smoky Lake Limits,

- I have learned the local regulations governing their use,
- I am aware that the Town of Smoky Lake and the Smoky Lake Fire Department will assume no liability in the misuse of Discharging of these Fireworks that may result in personal injury or property Damage.
- I assume all responsibility involved with the discharging of these fireworks.
- I will follow the local regulations without exception.

I have read and understood the above. By signing, I declare that all information provided is true and accurate.

Signature: _____
(Customer Signature)

Date: _____ Phone Number: _____