



PO Box 460, 56 Wheatland Avenue, Smoky Lake, AB T0A 3C0
Phone: 780-656-3674 Fax: 780-656-3675
Email: town@smokylake.ca Website: www.smokylake.ca

Application to Discharge Fireworks Form

Part 1: 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 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 expectation.

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

Signature: _____
(customer signature)

Date of application: _____ Phone Number: _____

Physical location of the show: _____

Date of show: _____

OFFICE USE ONLY

Part 2: Approval by local Fire Chief or Designate

Name of Fire Chief or Designate: _____

Date: _____ Signature: _____
(*signature required)