

Town of Saltcoats
OFFICE OF THE TOWN ADMINISTRATOR

APPLICATION FOR A SPECIAL PERMIT FOR EXPLODING OF FIREWORKS

APPLICATION is hereby made in accordance with the provisions of
Town of Saltcoats Firearms Bylaw # 01-2013 by:

ORGANIZATION INFORMATION

Please print

Group or Organization: _____

Contact: _____

Signing Authority: _____

Address: _____

Telephone: _____ Cell: _____

For a special permit to explode fireworks on: the _____ day of
_____, 20__ from _____ am/pm to _____ am/pm at
(location) _____

Name of Fireworks Supervisor: _____

Telephone: _____

Address: _____

Signature of Property Owner Signature of Fireworks Supervisor (if not owner)

THE TOWN OF SALTCOATS SPECIAL PERMIT

PERMISSION is hereby granted in accordance with the provisions of Town of Saltcoats Firearms
Bylaw # 01-2013 to:

Name of Organization: _____

Address & Telephone Number: _____

For the exploding of fireworks on the ____ day of _____, 20__
from _____ am/pm to _____ a.m./p.m at (location) _____

Issued at the Town of Saltcoats, SK, this ____ day of _____, 20____.

Signature of Designated Officer

***The Town of Saltcoats accepts no responsibility for liability or costs incurred as a result of
authorizing this permit. THIS PERMIT IS NOT TRANSFERABLE.***