

Date of Approval

Display Fireworks Permit

Supervisor/Company Name:	
Sponsoring Agency:	
Fireworks Supervisor's Name and Card Number:	
Address:	Telephone:
E-mail:	Fax:
The applicant is authorized to possess, handle, c Lacombe County:	lischarge, fire or set off Display Fireworks within
On at	
Date and Time	Display Location
Fireworks display must be in compliance with the applicable parts of the Explosives Regulation. The application;	•
 Proof of liability insurance in the amount A copy of their Fireworks Supervisor's ca A diagram of the display site & discharge A list of the fireworks that will be discharge 	rd area
Conditions:	
 Applicant must have the permission of a Cannot be set off from public lands or ro Cannot be set off if there is a fire ban in a Cannot be set off if wind exceeds 45 km/ 	adways effect
This permit is subject to cancellation for any bre Explosives Regulation or any of the requirement	
The person responsible for discharging the firew costs relating to any emergency response as a re	

Approving Officer

Permit Number