

**SCHEDULE "B" TO BYLAW 2019-04**

**TOWN OF SPRINGSIDE**

**APPLICATION FOR FIREWORKS PERMIT**

Printed Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Sponsoring Organization Address: \_\_\_\_\_  
\_\_\_\_\_

Location of Event: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Any other details regarding the event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Please attach a copy of the Certificate of Insurance for the event.