



Low Hazard (Consumer) Fireworks Event Application Form

Please allow 14 calendar days from date of applications for response

Printed Name of Applicant: _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Sponsoring Organization (if applicable): _____

Address of event: _____

Event Location: _____

Date(s): _____ Time(s): _____

Name of Insuring Agency: _____

Amount: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Documentation to Accompany Application:

Certificate of Liability Insurance –

Minimum \$2,000,000 Attached:

Site Plan Attached:

Event Description Attached:

Letter of Approval from Property Owner:

Signature of Fireworks Permit Applicant: _____ Date: _____

Forward to the Saskatoon Fire Department:

Fire Marshal

Fire Prevention & Investigation Division

125 Idylwyld Drive South

Saskatoon, Saskatchewan S7M 1L4

Phone: 306) 975-2526

Fax: (306) 975-2589

Email: fireinspections@saskatoon.ca