



DISTRICT OF MACKENZIE
FIREWORKS DISPLAY PERMIT
Pursuant to Bylaw No. 1204



Person in Charge of Display: _____

Contact Number: _____

Location of Display: _____

Location of Storage: _____

Quantity and Descriptions of Fireworks:

Date and Time of Display: _____

Person(s) Discharging Fireworks: _____

Signature: _____

Print Name: _____

Please return this form to the District of Mackenzie office at 1 Mackenzie Blvd. for review and approval.

This permit authorizes possession and use of fireworks solely for the fireworks display specified herein, and is not transferable.

The Holder of this permit will adhere to **District of Mackenzie Bylaw No. 1204**

The Holder of this permit assumes all responsibility and liability that may concur when storing, firing and disposal of Fireworks.

District of Mackenzie and the District of Mackenzie Fire Rescue Department is not responsible for any damage or injury that may occur during the storing, firing and disposal of the Fireworks.

Signature(s) of local official(s) authorized to issue fireworks display permits:

Signature: _____ Print Name: _____ Title: _____

Signature: _____ Print Name: _____ Title: _____

Signature of Permit Holder: _____

Print Name: _____