



# FIREWORKS VENDOR APPLICATION

(SHADED AREA FOR OFFICE USE ONLY)

(THIS SECTION TO BE FILLED OUT BY INSPECTING OFFICER)

NAME OF INSPECTING OFFICER: \_\_\_\_\_ DATE INSPECTED: \_\_\_\_\_

APPROVED:

DATE APPROVED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NOT APPROVED:

APPLICATION DATE: \_\_\_\_\_

IN FORCE UNTIL: \_\_\_\_\_

## INDIVIDUAL APPLICANT:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

## CORPORATE APPLICANT (must also provide an individual applicant name above):

NAME or CORPORATION #: \_\_\_\_\_

(i.e. 1234567 Ont. Inc.)

## CONTACT INFORMATION:

STREET #: \_\_\_\_\_ STREET NAME: \_\_\_\_\_ UNIT #: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ALTERNATE PHONE #: \_\_\_\_\_

BUSINESS NAME (IF APPLICABLE): \_\_\_\_\_

## LOCATION OF PREMISE WHERE FIREWORKS TO BE SOLD:

STREET #: \_\_\_\_\_ STREET NAME: \_\_\_\_\_ UNIT #: \_\_\_\_\_

NOTE: ANY APPLICANT WHO GIVES FALSE INFORMATION MAY HAVE THE LICENSE REVOKED OR SUSPENDED AND COULD BE SUBJECT TO FURTHER LEGAL PROCEEDINGS.

WAIVER: THE APPLICANT SHALL INDEMNIFY AND SAVE HARMLESS THE CITY OF WOODSTOCK AND ITS MAYOR AND COUNCILORS, AND ALL OF ITS AGENTS, EMPLOYEES, CONTRACTORS AND THOSE FOR WHOM THE CITY OF WOODSTOCK IS IN LAW RESPONSIBLE FROM AND AGAINST ANY AND ALL LOSS, CLAIMS, ACTIONS, DAMAGES, LIABILITY AND EXPENSES IN CONNECTION WITH LOSS OF LIFE, PERSONAL INJURY, DAMAGE TO PROPERTY OR ANY OTHER LOSS OR INJURY WHATSOEVER ARISING FROM OR OUT OF THE SALE OF FIREWORKS, OR ANY OCCURRENCE AT THE MOBILE SALES PREMISE, PERMANENT FIREWORKS PREMISE, TEMPORARY FIREWORKS PREMISE OR TEMPORARY LEASE FIREWORKS PREMISE, OR THE OCCUPANCY OR USE BY THE APPLICANT OF THOSE PREMISES, OR ANY PART THEREOF. IF THE CITY OF WOODSTOCK SHALL BE MADE A PARTY TO ANY LITIGATION COMMENCED BY OR AGAINST THE APPLICANT IN RESPECT OF THE SALE OF FIREWORKS, THEN THE APPLICANT SHALL PROTECT, INDEMNIFY AND HOLD THE CITY OF WOODSTOCK HARMLESS AND SHALL PAY ALL COSTS, EXPENSES AND LEGAL FEES INCURRED OR PAID BY THE CITY OF WOODSTOCK IN CONNECTION WITH SUCH LITIGATION.

The following items must accompany this application:

- Provincial Business Registration Documents (Master Business License, Articles of Incorporation etc.)
- Certificate of insurance
- Consent of Property Owner

Personal information on this form is collected under the authority of the Municipal Act and will be used for Business Licensing (or municipal By-law enforcement) purposes only. Questions about this collection should be directed to the Deputy Clerk, City of Woodstock, 519-539-2382 ext. 2501.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**~ AFFIDAVIT ~**

PROVINCE OF ONTARIO ) I, \_\_\_\_\_  
 ) (Please print your full name)  
 )  
 ) OF THE \_\_\_\_\_ OF \_\_\_\_\_  
 ) (City/Town) (Name of City/Town)  
 OF )  
 ) IN THE \_\_\_\_\_ OF \_\_\_\_\_  
 ) (Region/County/Province) (Name of Region/County/Province)  
 )  
 TO WIT ) MAKE OATH AND SAY:  
 )

1. I AM THE APPLICANT NAMED HEREIN; OR
2. I AM \_\_\_\_\_ OF \_\_\_\_\_  
 (Position) (Name of Corporate Applicant)  
 and I have authority to bind the corporation.
3. THE INFORMATION GIVEN BY ME IN THE CITY OF WOODSTOCK FIREWORKS VENDOR APPLICATION DATED THE \_\_\_\_ DAY OF \_\_\_\_\_; 20\_\_\_\_ IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

AND I MAKE THIS SOLEMN DECLARATION CONSCIENTIOUSLY BELIEVING IT TO BE TRUE AND KNOWING THAT IT IS OF THE SAME FORCE AND EFFECT AS IF MADE UNDER OATH BY VIRTUE OF "THE CANADA EVIDENCE ACT".

DECLARED BEFORE ME AT )  
 THE CITY OF WOODSTOCK )  
 IN THE COUNTY OF OXFORD )  
 )  
 THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_ )  
 )  
 )  
 )  
 )  
 \_\_\_\_\_ )  
 COMMISSIONER OF OATHS

\_\_\_\_\_  
 SIGNATURE