



PO Box 460 | 56 Wheatland Ave
Smoky Lake, AB T0A 3C0
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APPLICATION TO DISCHARGE FIREWORKS

Applicant Information

Name: _____ Date of Show: _____

Phone Number: _____

Physical Location of show: _____ Smoky Lake, AB

I, _____, declare I acknowledge the following regarding the
(print name)
discharge of fireworks within the Town of Smoky Lake Limits:

- I have learned the local regulations governing their use,
- I am aware that the Town of Smoky Lake and Smoky Lake Fire Department will assume **no liability in the misuse of discharging** of these fireworks that may result in personal injury or property damage
- I will follow the local regulations without expectation

I have read and understood the above information, by signing I declare all information to be true and accurate.

Signature: _____

Date: _____

OFFICE USE ONLY

Approval by local Fire Chief or CAO

Name of Fire Chief or CAO: _____

Signature: _____

Date: _____

Protection of Privacy Act Collection Notice: By submitting this application, you are providing personal information including your name, phone numbers, email address, and postal code. This information is being collected in accordance with Section 4(c) of the Protection of Privacy Act. This information will be used to process your application to discharge fireworks by the Town of Smoky Lake. For questions about the collection of your personal information, you may contact the Town of Smoky Lake at 56 Wheatland Ave, Smoky Lake, AB T0A 3C0, 780-656-3674, or legislative@smokylake.ca.