

# Special Effect Pyrotechnic Permit

Fire and Emergency Services  
300 City Centre Dr., 2<sup>nd</sup> Floor  
Mississauga, ON, L5B 3C1  
Tel: (905) 896-5908  
[www.mississauga.ca](http://www.mississauga.ca)



This application is for the use of special effect pyrotechnics (type F.3).  
This application must be submitted at least **14 days** prior to the event.  
Note: the applicant must be the person supervising the firing or setting off of fireworks.

MFES Use Only

**Permit No.** \_\_\_\_\_

## Applicant Information

Name:

Phone:

Email:

Address:

## Event Information

Date (day-month-year):

Start Time:

End Time (no later than 11 pm):

Location:

Property Owner Information

Name:

Phone:

Email:

Address:

Documents provided with permit:

Names and photocopies or scans of all fireworks operator certificates, which must include the display supervisor and applicant as well as the expiry dates of the certificates.

Letter of consent from the property owner.

Detailed list of the pyrotechnics, including fallout zone for each.

Diagram, schematic or image showing the site location, layout, firing area, fallout zone, set back distances to spectators, structures, vehicles, overhead obstructions, other combustibles and anything else deemed relevant to the event.

Document describing the event, set up, take down and show details.

Document describing the proposed fire control equipment and fire safety procedures before, during and after the show.

Proof of \$5 million liability insurance naming the City of Mississauga as a co-insured

I, \_\_\_\_\_ (the applicant) understand that no liability or responsibility will fall on the City of Mississauga, any of its departments, employees, agents, elected officials or appointed staff for all claims, demands, damages, costs, expenses, actions or otherwise that might arise as a result of this permit or the use of fireworks within the scope of this permit. I hereby assume all responsibility and liability and agree to hold the City harmless.

All information contained in this application and accompanying documents is true and correct to the best of my knowledge. I have read and understand all applicable rules and regulations regarding the discharge of fireworks and pyrotechnics within the City of Mississauga, including information contained in the City of Mississauga website and the Fireworks Licensing and Use By-Law.

I certify that I have completed a course for fireworks supervisors, have read, understood and will be guided by the principles and safety rules of the Special Effects Pyrotechnics Manual and by the specific instructions of the manufacturer governing a particular firework.

Signature

Date

## MFES Use Only

Permission is:    **Granted**    ☐    **Denied**    ☐    **Chief Fire Official:**