## APPLICATION FORM TO SET OFF FIREWORKS IN

## THE RESORT VILLAGE of KANNATA VALLEY

LICATION TO:				
Buisiness Information:	Name			
	Address			
	_			
	-			
_	Phone	Cell	Fax	e-mail
Date for fireworks:				
Location of fireworks:				
Reason for fireworks:				
Time & length of fireworks				
Time & length of meworks	s. -			
Date of Application Submiss	ion.			
Date of Application Submiss	ion.			
Cirowarka ara nat alla	wad in Mu	unicinal Ba	2011/20	
Fireworks are not allo		-		41
Fireworks must be so	et off on th	ie snoreiine	e & pointed ove	er the water
Signed by Owners:				
<u></u>				
Shannon Ulsifer, Acting CAO			-	Date
Resort Village of Kannata Valley				