

2025 FIREWORKS / PYROTECHNIC DISPLAY PERMIT APPLICATION

Richmond Fire-Rescue 6960 Gilbert Road, Richmond BC V7C 3V4

Phone: 604-278-5131

APPLICANT, SPONS	SORING AGENCY, INDIVIDUAL OF	R PRODUCTION COMPANY INFOR	MATION	
Name:		Company Name:		
Address:		Contact No:		
		Email:		
FIREWORKS SUPE	RVISOR / PYRO-TECHNICIAN INFO	ORMATION		
Name:		Mobile No:		
Card Number:		Email:		
DISDLAY / EVENT IN	IFORMATION (Must apply at least	10 business days prior to event)		
Date: (m/d/y)	TONIIATION (Must apply at least	Time:		
Location:		Launch Site:		
Owner's Name:		Owners Address:		
Owner o Hame.		Owners Address.		
APPLICATION CHE	CKLIST			
To avoid delays in application, submit all eight items seperately below and ☑ each box to confirm attached.				OFFICE USE ONLY
Colour Site Plan. Note: Must include separation distances to the public, location of ramps and mortars, fallout zone, direction of firing and significant ground features, (e.g. roadways, buildings or other structures, overhead obstructions, parking areas, spectator viewing areas), and location of security personnel and public restraints.				
2. Detailed Event Scope.				
3. List of Fireworks / Pyrotechnic Articles (include quantity).				
4. Copy of Written Permission from Owner on File.				
5. Colour copies of Technician's current ID (visible expiry date).				
6. Copy of Signed Indemnity Agreement on file.				
7. Copy of \$5,000,000 Insurance Certificate on file.				
8. City of Richmond names as additional insured.				
all requirement	s and conditions of my training, c	ite all fireworks / pyrotechnics to be ertification, and any permit which role of the fireworks / pyrotechnics dis	may be issued. splay or that a	I understand this is an
OFFICE USE ONLY				
Application for Permit		Permit Fee \$142.00 + \$7.10 (GST) = \$149.10*		
Permit Approval		Permit No. (if approved)		
Reason (If not approx	red)			
Additional Notes				



^{*}If paid by credit card, add 2% surcharge.