



Low Hazard (Consumer) Fireworks Vendor Application Form

Please allow 14 calendar days from date of applications for response

Business Retail Name: _____

Civic Address or Retail Outlet: _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Emergency Contact Number: _____

Pursuant to Schedule "A" of Bylaw 7990 a fee of \$75.00 + GST will be applied. A City of Saskatoon SAR will accompany the permit.

Printed Name of Store Manager: _____

Documentation to Accompany Application:

Certificate of Public Liability Insurance -

NOTE: Application will not be accepted without accompanying insurance documentation.

Forward this Application to Saskatoon Fire Department:

Fire Marshal

Fire Prevention & Investigation Division
125 Idylwyld Drive South
Saskatoon, Saskatchewan S7M 1L4
Phone: (306) 975-2578
Fax: (306) 975-2589
Email: fireinspections@saskatoon.ca

Signature of Store Manager: _____ Date: _____