



Municipal Law Enforcement and Licensing  
37 Lindsay St. South  
Lindsay, ON K9V 2L9  
Tel: 705-324-9411 ext. 1238  
licensing@kawarthalakes.ca

### **Retail Sales of Consumer Fireworks Application**

**Business Information** (please correct all in accurate or incomplete information)

Business Name:		Applicant Name:	
Business Address:		Applicant Address:	
Business Phone:		Business Email:	

Is this retail outlet located at least 15 metres from any above-ground storage tanks containing flammable liquids or gases; compressed natural gas dispensing facilities; retail propane dispensing/exchange tanks or gasoline dispensing facilities?

Yes: ☐ No: ☐

Is this retail outlet including detached storage areas located at least 100 metres from any above-ground bulk storage tanks for flammable substances?

Yes: ☐ No: ☐

Is the retail outlet and storage area secure from unauthorized entry when not open for business?

Yes: ☐ No: ☐

Does this business have any outstanding corrective action orders or non-compliance issues under any Federal, Provincial or Municipal Acts, Regulations or By-laws?

Yes: ☐ No: ☐

If yes, please specify: \_\_\_\_\_

**Please submit this application to the Licensing Officer with the following:**

- **General Liability Certificate of Insurance – With a minimum coverage of \$2,000,000**
- **Licence Fee: Please Refer to Fees Bylaw**

#### **Indemnification Agreement**

I, the undersigned, agree that I shall at all times indemnify and save harmless the Corporation of the City of Kawartha Lakes, its employees and Members of Council from and against any and all manner of claims, demands, losses, actions and other proceedings whatsoever made or brought against, suffered by, or imposed on the City in respect of any loss, damage or injury to any person or property, which are occasioned by or attributable to the issuance of this license or operation of the business.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature

#### **Declaration**

I the undersigned, do solemnly declare that all information provided in and with this application is factual and correct and agree to abide by and adhere to all relevant by-laws, rules and regulations, matters and things as are, or may be enacted by the City of Kawartha Lakes, and to any applicable federal or provincial legislation or regulation in effect, enacted, or amended, from time to time, and make this solemn declaration conscientiously knowing that it is of the same force and effect as if made under oath.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature

The personal information on this form is being collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and the Municipal Act, for the principle purpose of processing this application. Questions about this collection should be directed to the City Clerk or Deputy Clerk at Clerks@kawarthalakes.ca