

OFFICE OF THE STATE FIRE MARSHAL
800 SW JACKSON, STE 104, TOPEKA, KS 66612
(785) 296-3401; FAX (785) 368-6559

DISTRIBUTOR PERMIT INSTRUCTIONS

Pursuant to K.A.R. 22-6-23, each person engaged in the distribution of fireworks shall obtain a permit from the office of the state fire marshal.

All fields should be filled out. Any information left blank could result in delay in processing your application.

1. NAME (TO APPEAR ON CERTIFICATE)	Business Name
2. PHYSICAL & MAILING ADDRESS	Business & Mailing address
3. EMPLOYER ID	Employer Identification Number
4. CONTACT INFORMATION	Provide at least one contact number. If you wish to be notified when your permit expires, please provide an email address.
5. THE APPLICANT IS:	Indicate your business structure
6. PERMIT CLASS	Indicate the type of fireworks you distribute. You will not need to re-apply to change classes. We just need notification.
7. APPLICANT INTENDS TO PURCHASE FIREWORK MATERIALS IN INTERSTATE OR FOREIGN COMMERCE	As implied
8. APPLICANT INTENDS TO TRANSPORT FIREWORK MATERIALS IN INTERSTATE OR FOREIGN COMMERCE	As implied
9. IS COUNTY AND/OR MUNICIPALITY PERMIT REQUIRED FOR APPLICANT OPERATIONS?	Provide number of local authority permit if applicable.
10. FIREWORKS STORAGE	If "yes", a storage application must accompany this application.
11. RESPONSIBLE PARTIES	Complete for all responsible parties. Attach additional sheets if necessary.
12. APPLICANT SIGNATURE	Must be signed or it will be returned.

Checklist

Have you completed and submitted the following?

- Distributor Application
 Display Fireworks Storage Site Permit (if applicable)

All applications and worksheets must be submitted before the application packet will be processed. Failure to fill out all necessary forms will cause a delay in processing your application.

OFFICE OF THE STATE FIRE MARSHAL DISTRIBUTOR PERMIT

<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal Application
EXPIRED PERMIT # _____	

1. NAME (TO APPEAR ON CERTIFICATE): _____ Business Name	3. EMPLOYER ID # _____
2. PHYSICAL & MAILING ADDRESS: _____ _____ _____ City County State ZIP	4. CONTACT INFORMATION: Business: () Fax: () Email: _____
5. THE APPLICANT IS: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify) _____	6. PERMIT CLASS <input type="checkbox"/> Display Fireworks (1.3) <input type="checkbox"/> Articles Pyrotechnic <input type="checkbox"/> Consumer Fireworks (1.4) <input type="checkbox"/> Unlimited
7. APPLICANT INTENDS TO PURCHASE FIREWORK MATERIALS IN INTERSTATE OR FOREIGN COMMERCE: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state where: _____	10. STORAGE Applicant will store display fireworks in Kansas? <input type="checkbox"/> No <input type="checkbox"/> Yes (if "yes" submit storage application)
8. APPLICANT INTENDS TO TRANSPORT FIREWORK MATERIALS IN INTERSTATE OR FOREIGN COMMERCE: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state where: _____	
9. IS COUNTY AND/OR MUNICIPALITY PERMIT REQUIRED FOR APPLICANT OPERATIONS? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give number: _____	
11. RESPONSIBLE PARTIES: (ATTACH ADDITIONAL SHEETS AS NEEDED) <input type="checkbox"/>	
Last Name: _____ First Name: _____ MI: _____ Date of Birth: _____ Position _____ Driver's License or ID # _____ State _____ Home Address _____ City _____ State _____ Zip _____ Have you been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you a U.S. Citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Last Name: _____ First Name: _____ MI: _____ Date of Birth: _____ Position _____ Driver's License or ID # _____ State _____ Home Address _____ City _____ State _____ Zip _____ Have you been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you a U.S. Citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Last Name: _____ First Name: _____ MI: _____ Date of Birth: _____ Position _____ Driver's License or ID # _____ State _____ Home Address _____ City _____ State _____ Zip _____ Have you been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you a U.S. Citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Under the penalties imposed by K.S.A. 21-3805, I declare that I have examined this application and documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct, and complete. I also certify that I am familiar with all published State laws and local ordinances relating to firework materials for the location in which I intend to do business.

12. APPLICANT SIGNATURE _____ DATE _____

FOR OSFM USE ONLY			
Permit # _____	REQ <input type="checkbox"/>	III <input type="checkbox"/>	

RETURN COMPLETED APPLICATION(S) TO THE OFFICE OF THE STATE FIRE MARSHAL, ATTN: INVESTIGATIONS DIVISION, 800 SW JACKSON STREET, SUITE 104, TOPEKA, KANSAS 66612. FAX NUMBER (785) 368-6559