

KANSAS STATE FIRE MARSHAL'S OFFICE

800 SW JACKSON, STE 104, TOPEKA, KS 66612

(785) 296-8984; FAX (785) 368-6559

PERMANENT RETAILER REGISTRATION INSTRUCTIONS

Pursuant to K.S.A. 31-503, any person who intends to sell consumer fireworks at retail as a permanent retailer shall register annually as a permanent retailer with the state fire marshal.

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

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|--|---|
| 1. NAME (TO APPEAR ON CERTIFICATE): | Name you want listed on certificate |
| 2. ADDRESS: | Mailing address |
| 3. CONTACT INFORMATION: | Provide at least one contact number. If you wish to be notified when your registration expires, please provide an email address. |
| 4. TOTAL WEIGHT OF MATERIAL AT LOCATION: | As implied |
| 5. ADDRESS OF PERMANENT RETAIL LOCATION: | As implied |
| 6. DATES OF OPERATION AT THIS LOCATION: | Provide the anticipated dates this location will be open to the public. |
| 7. RESPONSIBLE PARTIES: | List information required for each individual, owner, partner, manager and other persons responsible for this location. |
| 8. LOCAL AUTHORITY SIGNATURE: | A certified statement from the city where the permanent retailer is located, or the county if located in unincorporated territory, that the location complies with all applicable local ordinances, resolutions, or regulations, including but not limited to all zoning, licensing and occupational fees and permits. Must be signed by local authority or application will be denied. |
| 9. APPLICANT SIGNATURE: | Signature of applicant. |
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Please allow up to 6 weeks for application processing.

Checklist

Have you completed and submitted the following?

- Permanent Retailer Registration Application. Each location requires a separate application form.
- Has your application been signed by the local authority (city or county)?
- Photocopy of a current state or federal issued photo identification for each person listed on the application.
- If registering as a Permanent Retailer for the first time, a copy of a code footprint and C.2.2 & C.2.2.A form are required. Code footprint will need to meet the requirements set forth in K.A.R. 22-1-7 and NFPA 1124 (2006 edition)

All applications and supporting documentation 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. If the applicant fails to provide all missing information, documents within 30 days of notification by the state fire marshal that the application is incomplete, the application shall be deemed abandoned.

KANSAS STATE FIRE MARSHAL'S OFFICE
PERMANENT RETAILER
REGISTRATION APPLICATION

New Application Renewal Application

LOCATION REGISTRATION #

COMPLETE IN FULL - PRINT CLEARLY

1. NAME (TO APPEAR ON CERTIFICATE):

Business or Individual Name _____

2. MAILING ADDRESS:

 City County State ZIP

3. CONTACT INFORMATION:

Business: _____

Mobile: _____

Email: _____

4. TOTAL WEIGHT OF MATERIAL AT LOCATION:

5. ADDRESS OF PERMANENT RETAIL LOCATION:

CITY: _____

COUNTY: _____

6. DATES OF OPERATION AT THIS LOCATION:

7. RESPONSIBLE PARTIES: (ATTACH ADDITIONAL SHEETS AS NEEDED)

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? No Yes Are you a U.S. Citizen? No 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? No Yes Are you a U.S. Citizen? No 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? No Yes Are you a U.S. Citizen? No Yes

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE LOCAL CITY OR COUNTY.
 LOCAL AUTHORITY MUST SIGN APPLICATION PRIOR TO SUBMISSION OR APPLICATION WILL BE DENIED.

8.

 LOCAL AUTHORITY SIGNATURE

 AGENCY

 DATE

Under the penalties imposed by K.S.A. 21-5903, 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.

9. APPLICANT SIGNATURE _____ DATE _____

FOR KSFM USE ONLY

Registration #

REQ

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