

**OFFICE OF THE STATE FIRE MARSHAL  
FIREWORKS DISTRIBUTOR PERMIT**

Please check:  New  Renewal

|   |                        |   |                     |
|---|------------------------|---|---------------------|
| <b>COMPLETE ALL 8 SECTIONS IN FULL – PRINT LEGIBLY</b>  |                        | <b>REFER TO K.A.R. 22-6-23 FOR GUIDELINES</b>                 |                     |
| <b>1. DISTRIBUTOR NAME:</b><br>_____  |                        | <b>2. Applicant's Current Permit # (if renewal):</b><br>_____ |                     |
| Business Name _____   |                        |   |                     |
| <b>3. PERMIT CLASS:</b><br><input type="checkbox"/> Display Fireworks (1.3) <input type="checkbox"/> Consumer Fireworks (1.4) <input type="checkbox"/> Articles Pyrotechnic <input type="checkbox"/> Unlimited  |                        |   |                     |
| <b>4. PHYSICAL &amp; MAILING ADDRESS:</b>   |                        |   |                     |
| Physical Address _____  |                        |   |                     |
| City _____  | County _____           | State _____   | ZIP _____           |
| Mailing Address _____   |                        |   |                     |
| City _____  | County _____           | State _____   | ZIP _____           |
| <b>5. CONTACT INFORMATION:</b>  |                        |   |                     |
| Home: (    ) _____  | Mobile: (    ) _____   | E-mail: _____   |                     |
| <b>6. STORAGE:</b>  |                        |   |                     |
| Applicant will store display fireworks in Kansas? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide permit #: _____  |                        |   |                     |
| <i>According to K.S.A. 31-504, the owner of any display fireworks storage facility shall obtain a storage site permit from the Office of the State Fire Marshal for permanent storage. Permits are not required for day boxes used at display sites or if there is a contingency plan with another permitted operator/distributor. <b>It is unlawful to store display fireworks (1.3) if not permitted.</b></i> |                        |   |                     |
| <b>7. RESPONSIBLE PARTIES (individuals who can direct management/policies of applicant pertaining to explosive materials):</b>  |                        |   |                     |
| _____ / ____ / ____   |                        |   |                     |
| Last Name _____   | First Name _____       | MI _____  | Date of Birth _____ |
| Last 4 Digits of Social Security #: _____   | Driver's License _____ | State _____   |                     |
| Address _____   |                        |   |                     |
| City _____  | State _____            | ZIP _____   |                     |
| U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a U.S. citizen, please provide Alien Registration #: _____  |                        |   |                     |
| Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                        |   |                     |
| _____ / ____ / ____   |                        |   |                     |
| Last Name _____   | First Name _____       | MI _____  | Date of Birth _____ |
| Last 4 Digits of Social Security #: _____   | Driver's License _____ | State _____   |                     |
| Address _____   |                        |   |                     |
| City _____  | State _____            | ZIP _____   |                     |
| U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a U.S. citizen, please provide Alien Registration #: _____  |                        |   |                     |
| Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                        |   |                     |
| _____ / ____ / ____   |                        |   |                     |
| Last Name _____   | First Name _____       | MI _____  | Date of Birth _____ |
| Last 4 Digits of Social Security #: _____   | Driver's License _____ | State _____   |                     |
| Address _____   |                        |   |                     |
| City _____  | State _____            | ZIP _____   |                     |
| U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not a U.S. citizen, please provide Alien Registration #: _____  |                        |   |                     |
| Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                        |   |                     |

**8. APPLICANT'S SIGNATURE**

Under the penalties imposed by K.S.A. 21-3805, I declare that I have examined this application and any 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(s) in which I intend to do business.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(must sign legibly)*

**FOR OSFM USE ONLY**     REQUIREMENTS MET     BACKGROUND CLEARED     FBI #

**Return completed application to the Office of the State Fire Marshal, ATTN Investigation Division,  
800 SW Jackson St, Ste 104, Topeka KS 66612, FAX (785) 368-6559, E-mail osfminv@ks.gov**