

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

Please check: New Renewal

COMPLETE ALL 8 SECTIONS IN FULL – PRINT LEGIBLY		REFER TO K.A.R. 22-6-21 FOR GUIDELINES	
1. MANUFACTURER NAME: _____		2. Applicant's Current Permit # (if renewal):	
Business Name			
3. PERMIT CLASS: <input type="checkbox"/> Display Fireworks (1.3) <input type="checkbox"/> Consumer Fireworks (1.4) <input type="checkbox"/> Articles Pyrotechnic <input type="checkbox"/> Unlimited			
4. PHYSICAL & MAILING ADDRESS:			

<i>Physical Address</i>			
_____	_____	_____	_____
City	County	State	ZIP

<i>Mailing Address</i>			
_____	_____	_____	_____
City	County	State	ZIP
5. CONTACT INFORMATION:			
Home: ()		Mobile: ()	E-mail:
6. STORAGE:			
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. It is unlawful to store display fireworks (1.3) if not permitted.</i>			
7. RESPONSIBLE PARTIES (individuals who can direct management/policies of applicant pertaining to explosive materials):			
_____ / ____ / ____			
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**