

ADDITIONAL LICENSE(S) WORKSHEET

Distributor License

According to K.S.A. 31-502(d)(3): a distributor includes any person who produces, conducts or provides a licensed operator or imports any display fireworks or articles pyrotechnic of any kind within the state of Kansas for profit.

You will need a distributor license if:

- (a) You are being paid or receiving money to produce or conduct a fireworks display.
- (b) You are raising money from the display (including non-profit organizations).

You do not need a distributor license if:

- (a) You are employed with a company or organization that already has a distributor license.
- (b) You are conducting a display where no money is received.

Please provide the distributor license number that you are operating under. This will be either your employer or your personal license. If you are conducting displays where no money is received, mark "not applicable".

For those individuals who are operating as an officer or employee of the state or any political taxing subdivision of the state, your agency will need a distributor license. They will be exempt from the fee with the appropriate documentation.

Storage License

Pursuant to K.S.A 31-504, the owner of any display fireworks storage facility shall obtain a storage site permit from the state fire marshal for permanent or temporary storage. Storage permits are not required for day boxes used at a display site.

	Mark "X"	License #
I am employed with a company who has a distributor license and am acting on their behalf. (Provide employer distributor license)	<input type="checkbox"/>	
I am operating as an employee of the state or any political taxing subdivision of the state and my employer provides the fireworks. (Provide employer distributor license).	<input type="checkbox"/>	
I only do personal shoots where no money is involved. I purchase my own fireworks and discharge them.	<input type="checkbox"/>	N/A
None of the Above. Please provide explanation:		
I acknowledge it is my responsibility to get all applicable licenses and that information regarding additional licensure has been provided to me.		
Signature: _____ Date: _____		

RETURN COMPLETED APPLICATION, WORKSHEET AND PAYMENT FORM TO THE KANSAS STATE FIRE MARSHAL'S OFFICE, ATTN: EXPLOSIVES UNIT, 700 SW JACKSON STREET, SUITE 600, TOPEKA, KANSAS 66603. FAX NUMBER (785) 368-6559