



STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY
Division of Fire Safety

Office of the State Fire Marshal
J. William Degnan, State Fire Marshal

Office: 110 Smokey Bear Blvd., Concord, NH
Mailing Address: 33 Hazen Drive, Concord, NH 03305
PHONE 603-223-4289, FAX 603-223-4294



CERTIFICATE OF AUTHORITY, PARTNERSHIP

I, _____ here certify that I am duly elected Secretary
of _____ .

I hereby certify the following is a true copy of a vote taken at a meeting of the parties in the
Partnership duly called and held on _____ , at which both partners
were present and voting.

VOTED:

Authorizing _____ on behalf of the
Partnership to apply for licensure for the sale of fireworks with the State of New Hampshire
and further authorizing said person to execute any documents which may, in their judgment, be
desirable or necessary to effect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force and effect
as of _____ , and that _____
is the duly elected _____ of this Partnership.

Respectfully:

Date: _____

Secretary of the Partnership