



**State of New Hampshire**  
**DEPARTMENT OF SAFETY**  
**DIVISION OF STATE POLICE**



**APPLICATION FOR LICENSE TO SELL PERMISSIBLE FIREWORKS**

**OFFICIAL USE ONLY BY STATE POLICE**

LICENSE NUMBER: \_\_\_\_\_

DATE OF ISSUE: \_\_\_\_\_  
 (License expires one (1) year from date of issue)

THE APPLICANT IS: (CHECK BOX)

An Individual

A Partnership

A Corporation

Limited Liability Corporation

**(PLEASE PRINT OR TYPE)**

**APPLICATION FEE: \$1500.00** - Fee is to be submitted with application. Separate application and fee required for each sales outlet. Submit a copy of a valid permit for the sale of fireworks issued pursuant to Title 18 of the Unites States code with application.

In accordance with the provisions of RSA 160-C:3, application is submitted for License to Sell or Market Permissible Fireworks with the State of New Hampshire.

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (Print name of corporation, firm or individual)

2. Address: \_\_\_\_\_  
 (No. Street) (City or Town) (State) (Zip Code)

3. Present Employer: \_\_\_\_\_  
 (If self-employed, so state)

4. Employer's Address: \_\_\_\_\_

5. Position: \_\_\_\_\_

6. If the applicant is other than an individual, list the following:

(a) Name and address of owner or person in charge:

(b) Name, date of birth and address of person signing license application:

7. Telephone number (include area code): \_\_\_\_\_

8. Has any previous license for the sale or use of fireworks been revoked or suspended: YES  NO   
 If "yes", explain fully:

9. Have you any criminal record which has not been annulled? YES  NO

If "yes", explain fully:

10. Are you an American Citizen? YES  NO

11. Are you under indictment in any court for a crime punishable by imprisonment for a term exceeding one year? YES  NO  If "yes", explain fully:

12. Are you a fugitive from justice? YES  NO

13. Are you twenty one (21) years of age or older? YES  NO

14. Are you an unlawful user of or addicted to Marijuana or any depressant or stimulant drug or narcotic drug? YES  NO

15. Have you ever been adjudicated as a mental defective or been committed to any mental institution? YES  NO

16. Physical Characteristics: Height \_\_\_\_\_ Weight \_\_\_\_\_ Color Hair: \_\_\_\_\_ Color Eyes: \_\_\_\_\_

17. GIVE THE EXACT LOCATION WHERE THE SALES OUTLET IS TO BE LOCATED:

I certify that I have read the foregoing application and affirm that every statement contained therein is true and correctly set forth, and I also certify that I am familiar with all state laws, regulations and local ordinances relating to the sale of permissible fireworks, for the location in which I intend to conduct operations. (False statements made herein are punishable under NH RSA 641:3.)

Signature: \_\_\_\_\_ (applicant or person authorized to sign on behalf of firm or corporation) \_\_\_\_\_ (Social Security Number)

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Application Returned: \_\_\_\_\_

Reason for return or disapproval: \_\_\_\_\_

**Make checks payable to: Treasurer, State of New Hampshire**

DEPARTMENT OF SAFETY  
DIVISION OF STATE POLICE  
PERMITS & LICENSING UNIT  
33 HAZEN DRIVE  
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