NEW HAMPSHIRE DEPARTMENT OF SAFETY
OFFICE OF THE STATE FIRE MARSHAL
Fireworks Safety & Enforcement Unit
Mailing Address: 33 Hazen Drive, Concord, NH 03305
Office: 110 Smokey Bear Blvd., Concord, NH
(603) 223-4289 / FAX (603) 223-4294 / Email: fmo.fireworks@dos.nh.gov

APPLICATION FOR LICENSE TO SELL OR MARKET DISPLAY & CONSUMER FIREWORKS

OFFICIAL USE ONLY BY FIRE MARSHAL'S OFFICE

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

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 United States code with application.

In accordance with the provisions of RSA 160-B:6, application is submitted for a license to Sell or Market Display and Consumer fireworks within the State of New Hampshire. **This is a wholesale / distributors license only.**

(PLEASE PRINT OR TYPE)

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: (_____) _____ - _____

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 Has any previous license for the sale or use of fireworks been revoked or suspended?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: _____ Denied: _____ Application Returned: _____

Reason for return or denial: _____

Make checks payable to: Treasurer, State of New Hampshire, and mail with application package to:

New Hampshire Department of Safety
Office of the State Fire Marshal
Fireworks Safety & Enforcement Unit
33 Hazen Drive, Concord, NH 03305