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 PERMISSIBLE 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)

☐ Individual ☐ Partnership

☐ 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-C:3, application is submitted for License to Sell or Market Permissible Fireworks with the State of New Hampshire. **This is a license to sell retail.**

(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: Primary (_____) _____ - _____

   Secondary (_____) _____ - _____

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 Has any previous license for the sale or use of fireworks been revoked or suspended?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)

Make checks payable to: Treasurer, State of New Hampshire

OFFICIAL USE ONLY

☐ **APPROVED** ☐ **NOT APPROVED** ☐ **APPLICATION RETURNED**

Reason(s) for return or disapproval: _____

_____

Date facility inspected: _____ **Inspected by:** _____