



**FIRE PROTECTION BUREAU  
FIREWORKS LICENSING PROGRAM  
PO Box 42600  
Olympia WA 98504-2600  
(360) 596-3914 FAX: (360) 596-3934**



## STATE FIREWORKS GENERAL DISPLAY LICENSE APPLICATION

This application is hereby made to the Washington State Patrol Fire Protection Bureau, pursuant to RCW 70.77, for an annual license to engage in business in the State of Washington as a Fireworks General Display Licensee. I have enclosed the annual licensing fee of \$50.

<b>Date Received</b>
<i>For Official Use</i>

**Company Seeking a Washington State General Display Fireworks License**

Name of Firm		Phone Number	
Complete Business Address			
Complete Mailing Address (if different)			
Chief Executive Officer		Years in Business	
E-Mail Address		Federal Identification Number (FDID)	

**Designated Agent Within Washington State (License Contact Person – Will Appear On License)**

Name		Phone Number	
Complete Mailing Address			

**List the Name, Position, Address, and Phone Number of Three Industry References (This or other states)**

1)	Name		Phone Number	
	Complete Mailing Address			
2)	Name		Phone Number	
	Complete Mailing Address			
3)	Name		Phone Number	
	Complete Mailing Address			

**Applicant Company Background Questions Yes/No**

- Has any member of the firm been cited for state or federal fireworks violations? \_\_\_\_\_
- Has any member of the firm been convicted of a felony or misdemeanor in the past ten years? \_\_\_\_\_
- Has any member of the firm forfeited a bond for a felony or misdemeanor in the past ten years? \_\_\_\_\_
- Does the firm hold a current Fireworks License in another state? (If yes, please provide a copy) \_\_\_\_\_
- Has the firm ever had a fire or accident as a result of fireworks activity? \_\_\_\_\_
- Has the firm ever done damage to another's property as a result of fireworks activity? \_\_\_\_\_



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List ALL firework storage sites, giving address or location, type, and quantity of fireworks to be stored in each.  
**The director of the Fire Protection Bureau shall immediately be notified of any changes.**

<u>ADDRESS/LOCATION</u>	<u>TYPE</u>	<u>QUANTITY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Fireworks Storage Site(s) is (are) licensed by:  BATF  L&I *Please include a copy (copies)*

**Describe, in detail, the various firework activities you intend to engage in.**

**Additional Details**

I hereby certify that I have carefully read and am familiar with the provisions of the State Fireworks Law, RCW 70.77, and the regulations of the director of the Fire Protection Bureau relating to fireworks, WAC 212-17, and will comply with all provisions contained therein.

I further certify that all information contained in this application is true and complete. I understand that omitted or misrepresented information can constitute sufficient grounds for denial or revocation of the license I am applying for.

\_\_\_\_\_  
Signature of Applicant (Primary)

\_\_\_\_\_  
Signature of Applicant (Co-Applicant)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Your application must include articles of incorporation and the annual licensing fee and be mailed to:

Washington State Patrol Fire Protection Bureau  
PO Box 42600  
Olympia WA 98504-2600

*[Please note these licenses are valid from the date of issue until January 31 of the subsequent year.]*