



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



STATE FIREWORKS IMPORTER, MANUFACTURER, AND/OR WHOLESALE 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:

- Importer \$1,000 License Fee
 Manufacturer \$2,000 License Fee
 Wholesaler \$2,000 License Fee

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

Company Seeking a Washington State 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(s) I am applying for.

Signature of Applicant (Primary)

Signature of Applicant (Co-Applicant)

Title

Title

Date

Date

Your completed application must be returned to this office by January 31 of the year you wish your company to be licensed. Your application must include articles of incorporation and the proper 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.]