



NEW HAMPSHIRE DEPARTMENT OF SAFETY
Division of Fire Safety | Office of the State Fire Marshal



Office: 110 Smokey Bear Boulevard, Concord, NH 03301
Mailing Address: 33 Hazen Drive, Concord, NH 03305
Telephone: (603) 223-4289 • **Fax:** (603) 223-4295
Email: fmo.fireworks@dos.nh.gov
www.nh.gov/firemarshal

**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)

- | | |
|--|--|
| <input type="checkbox"/> An Individual | <input type="checkbox"/> A Partnership |
| <input type="checkbox"/> A Corporation | <input type="checkbox"/> 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 Has any previous license for the sale or use of fireworks been revoked or suspended?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 If "yes", NO
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



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CERTIFICATE OF AUTHORITY, CORPORATION

I, _____ here certify that I am duly elected Secretary
of _____ Inc.

I hereby certify the following is a true copy of a vote taken at a meeting of the Board of
Directors of the corporation duly called and held on _____, at
which a quorum of the Board was present and voting.

VOTED:

Authorizing _____ on behalf of the
Corporation to apply for licensure for the sale of fireworks with the State of New
Hampshire and further authorizing said person to execute any documents which may, in
their judgment, be desirable or necessary to effect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full
force and effect as of _____, and that

_____ is the duly elected _____
of this corporation.

Respectfully:

Date: _____
Secretary of the Corporation



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CERTIFICATE OF AUTHORITY, LLC

I, _____ here certify that I am duly elected Secretary
of _____.

I hereby certify the following is a true copy of a vote taken at a meeting of the parties in
the Limited Liability Company duly called and held on _____, at
which all members were present and voting.

VOTED:

Authorizing _____ on behalf of the
Limited Liability Company to apply for licensure for the sale of fireworks with the State
of New Hampshire and further authorizing said person to execute any documents which
may, in their judgment, be desirable or necessary to effect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force
and effect as of _____, and that _____
is the duly elected _____ of this Limited Liability
Company.

Respectfully:

Date: _____
Secretary of the Limited Liability Company



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CERTIFICATE OF AUTHORITY, PARTNERSHIP

I, _____ here certify that I am duly elected Secretary
of _____.

I hereby certify the following is a true copy of a vote taken at a meeting of the parties in
the Partnership duly called and held on _____, at which both partners
were present and voting.

VOTED:

Authorizing _____ on behalf of the
Partnership to apply for licensure for the sale of fireworks with the State of New
Hampshire and further authorizing said person to execute any documents which may, in
their judgment, be desirable or necessary to effect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force
and effect as of _____, and that _____
is the duly elected _____ of this Partnership.

Respectfully:

Date: _____
Secretary of the Partnership



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**APPLICATION CHECKLIST FOR LICENSE TO SELL OR MARKET
DISPLAY AND CONSUMER FIREWORKS**

NEW APPLICANTS:

- Complete Application for Certificate of Competency for Display Fireworks (DSFM 262)
This license is only to wholesale, distribute, or market Display and Consumer Fireworks, and is not separated by type of fireworks.
- Have you registered your company with the NH Secretary of State's Office? A certificate of Good Standing shall be submitted for the current year.
- Is an application is for a Corporation, Partnership, or Limited Liability Company? If yes, please complete and attach the appropriate form.
- Complete the Certificate of Authority or Certificate of Vote form for the individual filling out the application, indicating that the board of directors of the corporation has voted and authorized the person applying for / signing the license application.
- Name, address, and date of birth of each:
 - a. Member of the board of directors,
 - b. Partner in the partnership,
 - c. Shareholder who owns 10% or more of the applicant's stock,
 - d. Persons with controlling interest for corporations with more than twenty (20) shareholders.
- Attach a statement indicating whether any of the individuals named (above) in Saf-C 2605.05 (c) (2) have been convicted of:
 - a. A felony which has not been annulled; or
 - b. Any offense involving fireworks and explosives.
- Attach a statement indicating whether any of the individuals named (above) in Saf-C 2605.05 (c) (2) have violated any fireworks or explosives laws and/or rules.
- Submit a current copy of your general liability insurance. NH requires the minimum to be at least \$1,000,000.00, and we must be listed as a "certificate holder" on the policy. Please list the following: NH Department of Safety – Office of the State Fire Marshal, 33 Hazen Drive, Concord, NH 03305
- Once you register with the business with the Secretary of State's Office, the corporate officers will have to complete a NH criminal record check form. The original forms must be returned, we cannot submit a copy.
- Submit a copy of your current U.S. ATF license to Sell Fireworks. ATF licensing is required for all firework sales licenses in NH.

- If you are not opening a physical business location within the state, please submit a letter from the company stating that you will not be opening a business office, storage facility, distribution facility, etc. in the State of New Hampshire. If you are locating a business location within the state, please contact our office as soon as possible so that we can discuss the necessary fire and building code requirement.

Anyone with licensing questions can contact the Fireworks Safety & Enforcement Unit, Monday through Friday, 8:15 AM to 4:00 PM at (603) 223-4289, or by email at FMO.fireworks@dos.nh.gov



State of New Hampshire

Department of Safety
DIVISION OF STATE POLICE

Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

CRIMINAL HISTORY RECORD INFORMATION REQUEST FORM

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed.

SECTION I (PLEASE PRINT CLEARLY)

NAME _____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____

SEX _____ DRIVER LICENSE NUMBER _____ STATE _____

SECTION II

I Request the results of the CHRI inquiry be returned to:

NH STATE FIRE MARSHAL'S OFFICE - LICENSING

NAME OF PERSON/ENTITY TO RECEIVE RECORD

ADDRESS **110 SMOKEY BEAR BLVD, CONCORD, NH 03305**

YOUR SIGNATURE _____

DATE _____

PURPOSE OF RECORD

Housing Employment Annulment/Expungement Other: **FIREWORKS LICENSING**

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

To prevent a delay in processing, I have enclosed a self-addressed envelope. Prepaid Acc't Number _____