



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) 223-4294

Email: fmo@dos.nh.gov

www.nh.gov/firemarshal

APPLICATION CHECKLIST - LICENSE TO SELL (RETAIL) PERMISSIBLE FIREWORKS

- Complete application DSFM 262P
- Complete NH State Police Criminal Background Check Form DSSP 256
- If an application is for a Corporation, Partnership or Limited Liability Company:
 - 1.) Certificate of Authority or Certificate of Vote for the individual filling out the application, Indicating that the board of directors of a corporation has voted and authorized the person applying for/signing for this license to market or sell Permissible Fireworks dated on or after April 1st of the current year.
 - 2.) Name, address, and date of birth of each:
 - a. Member of the board of directors
 - b. Partner in the partnership
 - c. Shareholder who owns 5% or more of the applicant's stock
 - d. Persons with controlling interest for corporations with more than twenty (20) shareholders.
 - 3.) 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.
 - 4.) 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.
- Copy of your valid U.S. ATF permit for the sale of fireworks pursuant to title 18 of the United States Code.
- Copy of the valid local permit for the sale of fireworks, pursuant to RSA 160-C:3, I and Saf-C 2605.
- Copy of certificate of insurance, with a minimum \$1,000,000.00 in liability coverage per incident, and lists the New Hampshire Department of Safety – Office of the State Fire Marshal, 33 Hazen Drive, Concord, NH 03305 as “certificate holder”.
- Proof that the place of business is within the municipality, and is a permanent structure.
- Proof that the building in which the business shall be located conforms to all applicable fire safety codes, building codes, zoning codes and local ordinances.
- Proof of identification for the person who is signing the application. As indicated on the application, this requirement would be met by the submission of a copy of a valid driver's license or birth certificate.
- Fee of \$1,500.00, check payable to: **State of New Hampshire – Treasurer.**
- A Certificate of Good Standing dated on or after April 1st, or dated for the current year from the Secretary of State's office. (603) 271-3246 or <http://www.sos.nh.gov/corporate/PDF/gscert.pdf>

NOTE: Be advised that no license for the sale of fireworks shall be issued to any person who has been convicted of a felony which has not been annulled, or a violation, or misdemeanor involving fireworks or explosives within the past two years, which has not been annulled by a court of record, or to any person who has been convicted of any offense involving fireworks or explosives within the past two years, or who has been found to have violated any fireworks or explosives laws or rules within the past two years. No license shall be issued to any person under 21 years of age. No application will be accepted unless documentation includes exact location where sales are to take place.



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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

<p>OFFICIAL USE ONLY</p> <p><input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> APPLICATION RETURNED</p> <p>Reason(s) for return or disapproval: _____ _____</p> <p>Date facility inspected: _____ Inspected by: _____</p>
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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



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 _____