



Texas Department of Insurance

State Fire Marshal's Office Mail Code 112-FM
333 Guadalupe • P. O. Box 149221, Austin, Texas 78714-9221
512-305-7900 • 512-305-7922 fax • www.tdi.state.tx.us

APPLICATION FOR A FIREWORKS LICENSE AND/OR PERMIT

This application must be accompanied by the appropriate fee and all documents and information required by Chapter 2154 of the Texas Occupations Code and the Fireworks Rules.

Complete answers must be given to all questions.

Please print or type.

Any fraudulent representation on this application shall be cause for denial, suspension, or revocation of a license or permit.

All fees are non-refundable, except for overpayments resulting from mistakes of law or fact.

Table with 4 columns: CHECK TYPE(S), TYPE OF LICENSE OR PERMIT, FEE, CODE. Rows include Manufacturer's License, Distributor's License, Jobber's License, Agricultural Permit, Industrial Permit, and Wildlife Control Permit.

APPLICANT

Form fields for applicant information including Name of Applicant, Specific Business Location, City, State, ZIP Code, County, Telephone No., Fax No., E-mail Address, Web Site Address, and Mailing Address.

PREVIOUS HISTORY

Form field asking: Has the firm or any owner or officer of the firm ever appeared before or been investigated by a regulatory body for a violation in the conduct of a business? Includes YES/NO checkboxes.

OWNERSHIP OF FIRM		Check and complete the section below that applies to your company				
<input type="checkbox"/> Sole proprietorship	Name of Individual Owner:					
<input type="checkbox"/> General Partnership	Names of Individual Partners:					
<input type="checkbox"/> Limited Liability Partnership (LLP) or Limited Partnership (LP)	Full Legal Name of Partnership:					
	Full Legal Name of General Partner:					
<input type="checkbox"/> Corporation	Full Legal Name of Corporation:					
<input type="checkbox"/> Limited Liability Co (LLC)	Full Legal Name of Limited Liability Co:					
Is the individual or the sole proprietor or each partner 21 years of age or older?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
IDENTIFICATION NUMBERS						
Federal employer's identification (FEI) number						
Filing number assigned by Texas Secretary of State (for Corporations, Limited Liability Companies, and Limited Partnerships)						
AGRICULTURAL, INDUSTRIAL OR WILDLIFE CONTROL PERMIT (This portion to be additionally completed for agricultural, industrial, or wildlife control permit applicants)						
DESCRIBE THE TYPE OF FIREWORKS TO BE USED.						
STATE THE SPECIFIC PURPOSE FOR WHICH FIREWORKS ARE TO BE USED.						
STATE THE EXACT LOCATION WHERE FIREWORKS ARE TO BE USED.						
WHERE IS THE PERMIT TO BE AVAILABLE?						
DISTRIBUTOR LICENSED IN TEXAS WHO IS TO SUPPLY THE FIREWORKS:						
Name _____			License number _____			
STORAGE LOCATIONS						
Does your firm store fireworks in the state of Texas? If "YES", please list below all locations where 1.3G or 1.4G are stored. Use additional sheet if necessary.					YES <input type="checkbox"/>	NO <input type="checkbox"/>
INDICATE CLASSIFICATION CODE 1.4G OR 1.3G	LOCATION (If no street address, please describe exact location)		ESTIMATED MAX. WEIGHT DURING THE YEAR		ARE THERE 500 OR MORE CASES?	
	<i>Street Address</i>	<i>City</i>	<i>Gross Weight</i>	<i>*Net Weight</i>		
*Net Weight is the weight of all pyrotechnic and explosive compositions and fuse only.						

SIGNATURES

I hereby authorize the state fire marshal or any of his duly authorized deputies, upon notice, to enter, examine, and inspect any premises, building, room, or establishment used in connection with the license or permit for which I am applying to determine compliance with the provisions of Chapter 2154 and the Fireworks Rules.
 I am familiar with and will comply with Chapter 2154 of the Texas Occupations Code and the Fireworks Rules,
 By my signature, I verify that the information on this application and its attachments are true.
 I understand that knowingly providing a false answer to any question or submitting false information or documents with this application may be tampering with a governmental record which is punishable under the Texas Penal Code Chapter 37, §37.10.

NAME	TITLE
SIGNATURE	DATE
NAME	TITLE
SIGNATURE	DATE

APPLICATIONS MUST BE SIGNED BY AN OFFICER OF A CORPORATION, BY THE SOLE PROPRIETOR, BY EACH PARTNER OF A GENERAL PARTNERSHIP, BY THE GENERAL PARTNER OF A LIMITED LIABILITY PARTNERSHIP OR BY AN OFFICER OR MEMBER OF A LIMITED LIABILITY COMPANY. AN APPLICATION SUBMITTED BY A GOVERNMENTAL ENTITY MUST BE SIGNED BY AN APPROPRIATE OFFICER. FOR EXAMPLE, A CITY'S APPLICATION SHOULD BE SIGNED BY THE MAYOR, CITY MANAGER, CITY ADMINISTRATOR, CITY SECRETARY, ETC.

Check or money order should be made payable to the TEXAS DEPARTMENT OF INSURANCE.
 Mail this completed application along with appropriate fee and any additional documents to:

Mailing Address:	State Fire Marshal's Office Mail Code 9999 P. O. Box 149221 Austin, Texas 78714-9221	Physical Address:	State Fire Marshal's Office 333 Guadalupe Street Austin, TX 78701
		Telephone No.	512-305-7930
		Fax No.	512-305-7922
		Web Site Address:	www.tdi.state.tx.us/fire

ADDITIONAL DOCUMENTS			
If you are a Texas or Foreign Corporation submit the following	If you are a Sole Proprietorship or General Partnership submit the following:	If you are a Texas or Foreign Limited Partnership submit the following	If you are a Texas or Foreign Limited Liability Company submit the following
Corporate Charter, Certificate of Existence, or Certificate of Authority issued by the Texas Secretary of State		Certificate of Limited Partnership, Registration Application for Foreign Limited Partnership	Certificate of Organization, or Certificate of Authority issued by the Texas Secretary of State
Current letter of good standing from the Texas Comptroller of Public Accounts			Current letter of good standing from the Texas Comptroller of Public Accounts
Assumed Name Certificate from Texas Secretary of State (if using a d/b/a)	Assumed Name Certificate from your County Clerk (if using a d/b/a)	Assumed Name Certificate from Texas Secretary of State (if using a d/b/a)	Assumed Name Certificate from Texas Secretary of State (if using a d/b/a)

Texas Secretary of State: (512) 463-5578

Texas Comptroller of Public Accounts (800) 252-1386

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal & Compliance Division at (512) 475-1757 or visit the Corrections Procedure section of TDI's web page at www.tdi.state.tx.us.