



Application for Retailer of Fireworks License



License Fee \$25.00 Per Class of Location

Expiration Date: December 31, 20__

Application must be **TYPED**, filled out completely, and filed **AT LEAST 30 DAYS PRIOR** to the start of any permitted activities. Any license issued pursuant to this application is in addition to any permit(s) required by the local authorities. **THE POSSESSION OF A LICENSE ISSUED PURSUANT TO THIS APPLICATION DOES NOT PERMIT FIREWORKS SALES IN LOCALITIES WHERE THE LOCAL AUTHORITY PROHIBITS SUCH SALES.**

Part 1: Application Information

New

Renewal

Name: _____

(Name of individual or firm as you wish it to appear on the license)

Fictitious Name: If business is to be conducted under a fictitious name, a certified copy of the trade name affidavit as filed in the office of the Clerk and Recorder of the county in which business is conducted or with the Secretary of State must be filed with the application.

Corporation: If business is to be conducted as a corporation, a copy of the Certificate of Incorporation or Certificate of Good Standing must be filed with the application.

Business Address: _____

Type of Business: Individual Sole Proprietorship Partnership Corporation Other

City: _____ State: _____ Zip Code: _____ Phone #: _____ - _____ - _____

Principal Agent: _____ **DOB:** _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____ - _____ - _____

Email Address: _____

Public Liability Insurance Carrier: _____

Agent: _____ **Policy #:** _____ **Phone #:** _____ - _____ - _____

(Must provide this information for certification to be approved)

Part 2: Retail Outlet Information

Temporary Structure (Stand, Tent, etc.)

Retail Outlet Inside Another Occupancy (Drug Store, Supermarket, Convenience Store, etc.)

Licensed Fireworks Sale Outlet (Fireworks as Primary Product)

Location of Retail Outlet: _____

(Street Address, Use hundred block if an intersection without an address)

City or Town (If incorporated Area): _____

County: _____ Fire Department Jurisdiction: _____

- Temporary Structure (Stand, Tent, etc.)
- Retail Outlet Inside Another Occupancy (Drug Store, Supermarket, Convenience Store, etc.)
- Licensed Fireworks Sale Outlet (Fireworks as Primary Product)

Location of Retail Outlet: _____
(Street Address, Use hundred block if an intersection without an address)

City or Town (If incorporated Area): _____

County: _____ Fire Department Jurisdiction: _____

- Temporary Structure (Stand, Tent, etc.)
- Retail Outlet Inside Another Occupancy (Drug Store, Supermarket, Convenience Store, etc.)
- Licensed Fireworks Sale Outlet (Fireworks as Primary Product)

Location of Retail Outlet: _____
(Street Address, Use hundred block if an intersection without an address)

City or Town (If incorporated Area): _____

County: _____ Fire Department Jurisdiction: _____

- Temporary Structure (Stand, Tent, etc.)
- Retail Outlet Inside Another Occupancy (Drug Store, Supermarket, Convenience Store, etc.)
- Licensed Fireworks Sale Outlet (Fireworks as Primary Product)

Location of Retail Outlet: _____
(Street Address, Use hundred block if an intersection without an address)

City or Town (If incorporated Area): _____

County: _____ Fire Department Jurisdiction: _____

- Temporary Structure (Stand, Tent, etc.)
- Retail Outlet Inside Another Occupancy (Drug Store, Supermarket, Convenience Store, etc.)
- Licensed Fireworks Sale Outlet (Fireworks as Primary Product)

Location of Retail Outlet: _____
(Street Address, Use hundred block if an intersection without an address)

City or Town (If incorporated Area): _____

County: _____ Fire Department Jurisdiction: _____

If additional sheets are needed, reprint page 2 and attach after this page.

Part 3: Partnership Information (if business is to be conducted as a partnership/corporation, the name, title, and address of each partner **MUST** be listed)

Name: _____
Title or Position: _____ DOB: _____ Phone #: _____ - _____ - _____
Address: _____
City: _____ State: _____ Zip Code: _____
Will individual be actively engaged in the fireworks business? _____

Name: _____
Title or Position: _____ DOB: _____ Phone #: _____ - _____ - _____
Address: _____
City: _____ State: _____ Zip Code: _____
Will individual be actively engaged in the fireworks business? _____

Name: _____
Title or Position: _____ DOB: _____ Phone #: _____ - _____ - _____
Address: _____
City: _____ State: _____ Zip Code: _____
Will individual be actively engaged in the fireworks business? _____

Name: _____
Title or Position: _____ DOB: _____ Phone #: _____ - _____ - _____
Address: _____
City: _____ State: _____ Zip Code: _____
Will individual be actively engaged in the fireworks business? _____

Name: _____
Title or Position: _____ DOB: _____ Phone #: _____ - _____ - _____
Address: _____
City: _____ State: _____ Zip Code: _____
Will individual be actively engaged in the fireworks business? _____

Part 4: References (List the name and contact information for three (3) persons who are not related to you, whom inquiry can be made as to your character, standing and reputation, who are residents of the city, town or county where you intend to do business.)

Name: _____
Relationship: _____ Phone #: _____ - _____ - _____
Address: _____
City: _____ State: _____ Zip Code: _____

Name: _____
Relationship: _____ Phone #: _____ - _____ - _____
Address: _____
City: _____ State: _____ Zip Code: _____

4. Are you presently or have you ever been licensed to conduct a fireworks business in Colorado?

- No Yes (If yes, complete the following)
- A. Most recent year licensed: _____
- B. Type of License held: _____
- C. Total number of fireworks sales made in last year licensed: _____
- D. Location of sales documents (invoices, bills of lading, etc.) which will verify that business was conducted in accordance with law and the requirements of the class of license held: _____

5. Has any license of any type held by you been denied, suspended, revoked by the state, territory or government agency for any reason?

- No Yes (If yes, list each incident of denial, suspension or revocation, the date of the incident, reason for the action, and the disposition **TYPED** on separate sheet of paper.)

Part 7: Summary of Rules Pertaining to Retailer of Fireworks Licenses

This summary of the laws and rules pertaining to the retail sale of fireworks shall not replace a thorough understanding of the Colorado Fireworks Act (Title 12, Article 28, CRS) and the Rules and Regulations promulgated by the Colorado Department of Public Safety there under.

1. The only activity permitted under any license issued pursuant to this application, is the sale (or possession with intent to sell) permissible fireworks at retail to the public. Permissible fireworks are defined in CRS 12-28-101(8).
2. No Retailer of Fireworks may sell, offer for sale, expose for sale, or possess with intent to sell permissible fireworks which have not been purchased by a wholesaler licensed by the State of Colorado. The Retailer shall keep a copy of each invoice for fireworks purchased from a wholesaler and such invoice must show the license number of the wholesaler. Such records must be available for inspection and maintained for so long as any fireworks included on the invoice are held in the Retailer's possession.
3. Prior to the start of licensed activities, the license holder must obtain a permit, if any required, from the local authority having jurisdiction over the retail sale location. The Retailer of Fireworks License and any required permits must be prominently displayed at the retailer's place of business.
4. For all sales, the retailer must verify that the purchaser is over sixteen years of age by way of inspecting the purchaser's driver's license or other state issued identification card. Warning signs required by CRS 12-28-102(4).
5. Any violation of the Colorado Fireworks Act and the Rules and Regulations promulgated by the Colorado Department of Public Safety there under shall be cause for suppression or revocation of any fireworks licenses held by the applicant and may result in criminal prosecution pursuant to CRS 12-28-110.

Under penalties of perjury, I certify I am the named applicant above and have carefully read and understand the provisions of Colorado Fireworks Act and the Rules and Regulations promulgated by the Colorado Department of Public Safety there under concerning the sale and regulation of fireworks. This application and the answers given are true and complete to the best of my knowledge. I hereby grant the Colorado Division of Fire Safety authority to conduct a background check to determine my suitability to obtain the requested license.

Signature of Applicant

Printed Name

Date

Please return to: Colorado Division of Fire Safety
690 Kipling, Suite 2000
Denver, CO 80215

Phone: (303) 239-4600