



## State Fire Marshal

Department of Commerce

Mike DeWine, Governor

Jim Tressel, Lt. Governor

Sherry Maxfield, Director

[com.ohio.gov](http://com.ohio.gov)

### APPLICATION FOR FIREWORKS WHOLESALER/MANUFACTURER LICENSE

Type of license applied for: (check one)

Application Fee: \$2,750  
(non-refundable)

SFM USE ONLY

a. ☐ Wholesaler ☐ Manufacturer

License #	
Check #	

b. ☐ Retail (Live Product) ☐ Representative Sample Showroom

\*Required selection if this is a wholesaler application. For manufacturer applicants, a selection must be made to this question if the answer to the next question is "Yes."

If this is an application for a manufacturer's license: does the licensee also intend to sell fireworks at retail as described in R.C. 3743.04 (C)(2)?

☐ Yes ☐ No ☐ N/A (only Wholesalers can select N/A)

If this is an application for a manufacturer's license: does the licensee also intend to process fireworks as described in R.C. 3743.01(S) and 3743.02(D)?

☐ Yes ☐ No ☐ N/A (only Wholesalers can select N/A)

Does the wholesaler or manufacturer have any additional storage at a location other than the licensed facility?

☐ Yes ☐ No

If this is an application for a manufacturer's license: A class 1 storage permit is required from ATF as described in R.C. 3743.06(G) and O.A.C. 1301:7-7-56(P)(8) OFC 5616.8. (Unless plant existed prior to August 3, 1931). **The Applicant MUST submit documentation of ATF approval with application.**

**LICENSE HOLDER INFORMATION** – Please list only the specific full legal name of the entity seeking licensure. Please use a supplemental form if you are requesting that the license be issued in the name of more than one entity.

Full Legal Name of Licensee: \_\_\_\_\_

### FACILITY INFORMATION

Name of Facility: \_\_\_\_\_

Address (no PO boxes): \_\_\_\_\_

County: \_\_\_\_\_ Township: \_\_\_\_\_

Parcel  
Phone Number: \_\_\_\_\_ Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### LICENSE HOLDER MAILING ADDRESS INFORMATION

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_



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### FACILITY MANAGER INFORMATION

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### LICENSE OWNERSHIP TYPE – CHECK ALL APPROPRIATE BOXES:

☐ Sole Proprietor

☐ Partnership

☐ Corporation

Please complete Officer and Shareholder information sheet(s).

Number of sheets attached \_\_\_\_\_

☐ Other, explain \_\_\_\_\_

### OWNERSHIP: PROPRIETOR, PARTNER and/or CORPORATION INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security No. or Federal Tax ID \_\_\_\_\_

Percent of ownership entity this owner controls \_\_\_\_\_%

**If the licensee is, in whole or in part, a corporation that is not incorporated in the State of Ohio, please provide documentation demonstrating registration as a foreign corporation registered to conduct business in Ohio.** (This can be a printout from the Ohio Secretary of State's website showing such registration).

### CO-PROPRIETOR, PARTNER, CORPORATION INFORMATION

*As necessary, please submit a supplemental form with information for each additional proprietor, partner or corporation claiming any ownership of the license. Each licensee must submit the above information and supplemental forms for any entities that have any ownership interests, directly or indirectly, in the license owners listed in this section (e.g., all information about a corporation that owns another corporation which is in the name of the license holder). Pursuant to R.C. 3743.70, this continuous chain of information must be provided until all individuals with any ownership interests (including those held, owned, or controlled as a beneficial or equity interest) in the license have been fully described.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security No. or Federal Tax ID \_\_\_\_\_

Percent of ownership entity this owner controls \_\_\_\_\_%



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### STATUTORY AGENT/DESIGNATED AGENT

Name: \_\_\_\_\_

Address (no PO boxes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### SOURCES OF PRODUCT

(Submit a supplemental sheet for all additional sources of product if necessary)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Country: \_\_\_\_\_

Type of Product: \_\_\_\_\_

#### Hours of Operation

	Open (denote AM/PM)	Close (denote AM/PM)
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

### FINANCIAL RESPONSIBILITY

*Your insurance agent MUST complete the attached proof of insurance form. It must be notarized and accompany the certificate of insurance indicating the policy period. The certificate of insurance must identify the licensed premises subject to coverage under the certificate.*

Insurance Policy Number: \_\_\_\_\_

### DEED INFORMATION (Provide A and B if necessary)

A. ☐ Copy of deed for all parcels constituting the license premises (attached).

B. ☐ Valid written lease or rental agreement demonstrating that the licensed applicant can conduct licensed fireworks activities on the applied for licensed premises. This information only needs to be provided if the deed holder, as shown in the deed(s) submitted pursuant to section "A" above is not the same person as the license owner listed on page two of this application. If not incorporated into the lease or rental agreement, please provide a copy of the written permission of owner of all parcels constituting the license premises that allows the licensee to occupy property and to use the property to conduct fireworks wholesale/manufacturing activities.



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### SIGNATURES

*\*\*Completion of this application does not vest any rights in licensure in the applicant or guarantee the issuance of a license by the State Fire Marshal. Licensure determinations are made in accordance with the provisions of Ohio Revised Code Chapter 3743 and Ohio Administrative Code 1301:7-7-56, including a determination that the intended license premises and all structures thereon are in full compliance with all applicable provisions of federal, state and local laws (such as R.C. 3743.25, the Ohio Fire Code, Ohio Building Code, and zoning requirements). \*\**

Signature of sole proprietor, partner with authority to sign, or President of corporation (if signature below is not one of these persons, please provide documentation of authority to sign as licensee or other relevant explanation).

Licensee/Partner Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Licensee/Partner Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

### Certification

State of \_\_\_\_\_ SS:

County of \_\_\_\_\_

I, \_\_\_\_\_, under my oath/affirmation I hereby certify that the information and documents set forth by me in this application are true and correct, and that I have the authority to certify such information:

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of notary My commission expires: \_\_\_\_\_

**NOTARY SEAL**



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### SUPPLEMENTAL CORPORATION APPLICATION SHAREHOLDER INFORMATION

For the purposes of this form, "Controls" includes the ownership, a holding of, or other control of shares as either a beneficial or equity interest by the shareholder.

Each licensee must submit the following information for any entities that have 5% or greater ownership interests, directly or indirectly, in the licensee listed in this section. Pursuant to R.C. 3743.70, this continuous chain of information must be provided until all individuals with any ownership interests (including those held, owned or controlled as a beneficial or equity interest) in the license have been fully described. If any shareholder is a corporation or other business entity, then the licensee must submit an additional Supplemental Shareholder Information Form for every such corporation or entity. Attach additional sheets as necessary.

**CORPORATION NAME:** \_\_\_\_\_

#### SHAREHOLDER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Percent of total shares this owner controls \_\_\_\_\_ %

#### SHAREHOLDER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Percent of total shares this owner controls \_\_\_\_\_ %

#### SHAREHOLDER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Percent of total shares this owner controls \_\_\_\_\_ %



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### SUPPLEMENTAL CORPORATION APPLICATION – OFFICER INFORMATION

Please provide the following information for any corporate licensee.

#### OFFICER 1 – PRESIDENT OF \_\_\_\_\_ (corporate entity)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### OFFICER 2 – Circle one: VICE PRESIDENT, TREASURER, SECRETARY, OTHER \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### OFFICER 3 – Circle one: VICE PRESIDENT, TREASURER, SECRETARY, OTHER \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### OFFICER 4 – Circle one: VICE PRESIDENT, TREASURER, SECRETARY, OTHER \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### OFFICER 5 – Circle one: VICE PRESIDENT, TREASURER, SECRETARY, OTHER \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_



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### PROOF OF INSURANCE FORM

\_\_\_\_\_, IS THE NAMED INSURANCE COMPANY FOR  
NAME OF INSURANCE COMPANY

\_\_\_\_\_  
NAME OF INSURED FIREWORKS PREMISES I D. NO. ADDRESS OF THE FACILITY

Pursuant to R.C. 3743.15 (b)(2) and 3743.02(b)(2) an applicant for licensure as a wholesaler or manufacturer of fireworks shall submit with the application the following:

Proof of comprehensive general liability insurance coverage, specifically including fire and smoke casualty on premises, in an amount not less than one million dollars for each occurrence for bodily injury liability and wrongful death liability at its business location. Proof of such insurance coverage shall be submitted together with proof of coverage for products liability on all inventory located at the business location. All applicants shall submit evidence of comprehensive general liability insurance coverage verified by the insurer and certified as to its provision of the minimum coverage required under this division.

### THE ACCOMPANYING CERTIFICATE OF INSURANCE IS PROOF OF THE INSURANCE COVERAGE AS DESCRIBED ABOVE:

SIGNATURE OF AGENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

### CERTIFICATION

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, UNDER MY OATH (OR AFFIRMATION) HEREBY CERTIFY THAT THE MATTERS SET FORTH BY ME IN THIS APPLICATION ARE TRUE AND CORRECT:

(SIGNATURE) \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF NOTARY) MY COMMISSION EXPIRES: \_\_\_\_\_

NOTARY SEAL

As of 8/2025