OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 920, West Tower, Atlanta, GA 30334

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www.oci.ga.gov

APPLICATION FOR A CONSUMER FIREWORKS DISTRIBUTORS LICENSE

SAFETY FIRE
HAZARDOUS MATERIALS
GID-406-SF JUN2015

Application is hereby made for a Consumer Fireworks Distributors License pursuant to the Rules and Regulations of the Safety Fire Commissioner, Chapter 120-3-22 and O.C.G.A. Section 25-10-5.

NOTE: This application will not be processed if incomplete or license fee is not attached. Check all that applies and fill out all applicable fields.

Distributors shall not apply for an annual license earlier than 30 days prior to the expiration of initial license or annual license.

Application For (check all that apply):

Wholesale Only ☐ **Retail Only** ☐ **Wholesale and Retail** ☐

Consumer Fireworks Retail Sales Facility (CFRSF) ☐

Consumer Fireworks Retail Sales Store (CFRSS) ☐ **Is Store a Retail Chain as defined in O.C.G.A. 25-10-1?** **Yes** ☐ **No** ☐

For retail sales from a Consumer Fireworks Retail Sales Facility (CFRSF), complete the section below. Application must be made separately for each CFRSF to be licensed and include documentation acceptable to the State Fire Marshal that an inspection has been conducted by a qualified individual indicating the CFRSF associated with the application meets the minimum fire safety and construction requirements of NFPA 1124, 2006 edition in accordance with Rules and Regulations of the Safety Fire Commissioner, Chapter 120-3-22.

CFRSF Name:	**Owner Name:**
Address:	**Address:**
City: **State:**	**City:** **State:**
County: **Zip:**	**County:** **Zip:**
Phone: **Emergency 24/7 Contact Phone:**	**Phone:** **Emergency 24/7 Contact Phone:**
Email:	**Email:**

For retail sales from a Consumer Fireworks Retail Sales Store (CFRSS), complete the section below for each store location (not a retail chain store). For a store, part of a retail chain, for initial license, attach a list of all store locations in which consumer fireworks are to be sold.

BOTH types of Applications must include documentation acceptable to the State Fire Marshal that an inspection has been conducted by a qualified individual indicating the facility associated with the application meets the minimum fire safety and construction requirements of NFPA 1124, 2006 edition in accordance with Rules and Regulations of the Safety Fire Commissioner, Chapter 120-3-22.

Store Name:	**Owner Name:**
Address:	**Address:**
City: **State:**	**City:** **State:**
County: **Zip:**	**County:** **Zip:**
Phone: **Emergency 24/7 Contact Phone:**	**Phone:** **Emergency 24/7 Contact Phone:**
Email:	**Email:**

The wholesale sale of consumer fireworks shall be conducted from a distribution facility as defined in NFPA 1124, 2006 edition, and shall not be conducted from a CFRSF or CFRSS. Applicants that are to engage in the wholesale sales of consumer fireworks within this state must attach a list including all distribution facilities associated with the application. The list shall include the physical address for each such location.

Application For:

Initial License: ☐ **Fee: $5,000.00** **Fee Amount Attached**: ☐ **Check No.**: _____

Complete and attach page 2, Submittal Verification, verifying all required fees, documents, and information is included with submittal.

I am familiar with the Rules of the Safety Fire Commissioner, Chapter 120-3-22, O.C.G.A. § 25-10, and NFPA 1124 and I will comply with the applicable requirements of these codes, standards, rules and regulations. I understand that the license is not transferrable and shall be void upon a change of ownership or location of the facility and agree to notify the State Fire Marshal promptly of any such change. I further agree to notify the State Fire Marshal in writing of any additions of store locations to a retail chain.

Signature	Title	Date

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www.oci.ga.gov	OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER	SAFETY FIRE HAZARDOUS MATERIALS
	APPLICATION FOR A CONSUMER FIREWORKS DISTRIBUTORS LICENSE SUBMITTAL VERIFICATION	GID-406-SF JUN2015

Facility Name: _____

Address: _____

City: _____ **County:** _____ **State:**_____ **Zip:**_____

Phone: _____ **Emergency 24/7 Contact Phone:** _____

Email: _____

Verify the following items are included with application submittal:

____ **Completed Consumer Fireworks Distributor License application.**

____ **Certificate of Liability Insurance (from your insurance company).**

____ **Citizenship Affidavit Form (GID-276-EN), notarized with required document.**

____ **Proper identification verifying applicant is at least 18 years of age.**

____ **Documentation acceptable to the State Fire Marshal that an inspection has been conducted by a qualified individual indicating the CFRSF associated with the application meets the minimum Fire Safety and Construction requirements of NFPA 1124, 2006 edition in accordance with Rules and Regulations of the Safety Fire Commissioner, Chapter 120-3-22.**

____ **If store is a retail chain, a list of all store locations in which consumer fireworks are to be sold.**

____ **If store is a retail chain, each location must have an inspection conducted by a qualified individual indicating that the location meets the minimum Fire Safety and Construction requirements of NFPA 1124, 2006 edition in accordance with Rules and Regulations of the Safety Fire Commissioner, Chapter 120-3-22.**

____ **For distributors engaging in wholesale sales, a list of all distribution facilities including physical address of each facility.**

____ **License fee pursuant to O.C.G.A. 25-10-5.1(a)(2) made payable to the Safety Fire Commissioner.**

Address To Remit By Mail:	**Address To Remit By Courier:**
Office Of Insurance and Safety Fire Commissioner **Fire Safety Division** **PO Box 935136** **Atlanta, GA 31193-5136**	**Office Of Insurance and Safety Fire Commissioner** **Fire Safety Division** **PO Box 935136** **Wells Fargo Lockbox Services** **3585 Atlanta Ave., Hapeville, GA 30354-1705**

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