



DC Fire & EMS Department
 Office of the Fire Marshal
 441 4th Street N.W., Suite 370, Washington, D.C. 20001



Permit Application for License to Sell Fireworks – Retail Business Occupancy rev. 4/17/09

This application information must be printed in ink or typewritten. All requested information must be provided.

Submit two (2) copies of the completed application and all required attachments to the District of Columbia Fire and EMS Department (DCFEMS), Office of the Fire Marshal **prior to the close of business on June 24, 2009.** A **License to Sell Fireworks – Retail** permit will be issued for each business occupancy and will be valid for dates indicated on the permit. Each business will require its own “License to Sell Fireworks – Retail Business Occupancy” permit application.

This application and all required attachments will be reviewed to verify code compliance. Prior to issuing of the permit for License to Sell Fireworks – Retail Business Occupancy, a site inspection will be conducted to verify code compliance. The permit will be issued after successful inspection of the occupancy.

Applicant Information

Owner’s Name: _____

Corporation’s Name: _____

_____	_____	_____	_____
Address	City	State	Zip Code

_____	_____
Phone #	Cell Phone #

Business Address: _____

Dates of Sale of Fireworks from structure: _____

Hours of Business: _____ to _____

Owner of Property: _____

_____	_____	_____	_____
Address	City	State	Zip Code

_____	_____	_____
Contact Person’s Name	Contact Phone #	Contact E-mail

DCRA Retailer’s License Information

License Number: _____ **Date Issued:** _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____



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Conditions and Acknowledgement

The applicant is required to review and initial the following requirements. By initialing each item, the applicant acknowledges his or her review and agreement to comply with any listed requirements as expressed by the DCFEMS Fire Marshal Office.

- 1. Provided two copies of the following:
- Fireworks Retailer's License issued by DCRA.
2. Provided with a copy of the 2009 Approved Fireworks Listing for 2009.
3. Maintain complete records of all purchases of fireworks on site and available for review by the fire inspector.
4. Provide at least one fire extinguisher with a minimum rating of 2A in the retail stand which is maintained in accordance with NFPA 10.
5. Post "No Smoking" signs in area of fireworks display.
6. Provide list of potential employees (name and age) who will be selling fireworks. (Minimum age of employee selling/working with fireworks is 16 years old.)
7. Fireworks display may not be located to impede egress from the premises in the event of a fire.
8. Fireworks display may not be located in close proximity to a source of possible ignition.
9. Fireworks display will not be placed in a position that is dangerous to persons or property.
10. Sale of fireworks will occur during the time period and dates so listed in the application.
11. All fireworks for retail sale in the District of Columbia shall be purchased in the District of Columbia from a licensed fireworks wholesaler.

By my signature below, I attest under penalty of perjury that the information which I provided is true and accurate. I acknowledge and agree to comply with all applicable requirements of the DC Fire Prevention Code and Supplement and its referenced standards even those not specifically expressed on this application.

I also acknowledge that if a permit is issued based upon this application, it shall be valid only at the location listed on this application and for the specific date(s) and time(s) for which it is issued.

This application and attachments are submitted with the required permit fee (\$250.00) in the form of a check or money order made payable to the DC TREASURER.

If approved for permit issue, I acknowledge that a copy of this application and all its attachments will be available on site during the dates and times noted.

I further acknowledge and understand that any violations identified after permit issuance may result in immediate permit revocation.

Print Name

Date

Signature of Applicant

Permit #: _____