



RETAIL FIREWORKS SALES PERMIT APPLICATION Checklist

This checklist has been provided to assist in completing your application. It is not an all-inclusive list; it is to bring attention to the areas that are frequently overlooked.

1. Complete the application form.
 - a. Do not use “Same”, “same as before” or “same as above”.
 - b. Include your email address for faster response time.
 - c. Verify event dates are **correct** year to year.
2. Include fee of \$100 via - check, money order, cashier’s check made payable to Oregon State Fire Marshal.
3. Attach a separate sheet of paper with detailed maps. Please see the application for specific information.
 - a. *INSIDE SALES DIAGRAM*
 - b. *OUTSIDE SALES DIAGRAM*
4. Mail the completed package to **the PO Box listed** on the application. (Confirm with your mail carrier that they will deliver to a PO Box).
 - Completed Application
 - Payment
 - Inside Map
 - Outside Map
 - **Due to the high volume of applications please submit your applications by APRIL 15**
 - Oregon State Fire Marshal
Regulatory Services Division – Fireworks Program
P.O. Box 4395 Unit 09
Portland, OR 97208-4395



RETAIL FIREWORKS SALES PERMIT APPLICATION

OREGON STATE FIRE MARSHAL

PAYMENT AND APPLICATIONS MAILED ONLY TO:

Oregon State Fire Marshal
Regulatory Services Division – Fireworks Program
P.O. Box 4395 Unit 09
Portland, OR 97208-4395

CONTACT INFORMATION:

Oregon State Fire Marshal
Regulatory Services Division – Fireworks Program
Phone: 971-375-3558 or 971-372-0458
Fax: 503-373-1825
Email: OSFMLP@OSFM.Oregon.gov

Checks, Money Orders and Cashier's Checks must be made payable to:
Oregon State Fire Marshal

IMPORTANT: Due to the high volume of applications please submit your applications by **APRIL 15, with the fee of \$100.** The applicant and individual responsible for sales are responsible for reading, understanding, and following all laws and rules regarding fireworks in Oregon. The retail permit shall be issued prior to any activities allowed by this permit. All sections must be completed. Incomplete applications will not be processed. For more information, please visit our website at <https://www.oregon.gov/osfm/education/pages/fireworks.aspx>

PERMIT HOLDER INFORMATION

COMPANY, ORGANIZATION, OR PERSON TO WHOM PERMIT IS TO BE ISSUED

Name

Full Mailing Address

(Street, City, State, Zip)

Work/Cell Phone No.

Fax No.

Email Address

INDIVIDUAL REPRESENTING COMPANY OR ORGANIZATION LISTED ABOVE

Name

Full Mailing Address

(Street, City, State, Zip)

Phone No.

Email Address

INDIVIDUAL RESPONSIBLE FOR SALES (SHALL BE RESPONSIBLE FOR ONLY ONE LOCATION)

Name

Full Mailing Address

(Street, City, State, Zip)

24-HOUR NUMBER

Age

Email Address

STORAGE INFORMATION

NO STORAGE

Address (es) Where fireworks will be stored (Street, City, State, Zip)

Phone Number

Storage location type (CHECK ONE)

U-Detached Explain:

M S-1

Approximate dates the fireworks will be at the storage area(s) Beginning Date

Ending Date

Location of fireworks to open flames, exposed heating elements, and direct sources of ignition.

Indicate which of the following apply:

None:

Distance in Feet

Type of Ignition Source

Describe fire extinguishing equipment available at storage area(s)

FIRE AUTHORITY SIGNATURE FOR STORAGE LOCATION (ONLY if storing)

Printed Name of
Fire Authority

Signature of
Fire Authority

Title of
Fire Authority

Mailing
Address

Name of Fire
Department

Phone No.

Fax No.

Date Signed by
Fire Authority

Email
Address

Identification provided to local fire official at time of application for outside sales (tents/stands) only Yes No

RETAIL SALES LOCATION INFORMATION

Complete address of sales (STREET, CITY, STATE, ZIP)

County Check One: Inside Sales Outside Sales Check One: Tent Stand Dimensions

WHOLESALE INFORMATION Oregon Licensed Wholesaler from whom applicant intends to purchase allowed fireworks

Wholesaler from whom applicant intends to purchase allowed fireworks.

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2.
3.
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INDIVIDUAL COMPLETING APPLICATION INFORMATION

Information of individual completing application and where the permit will be emailed

Printed Name of Individual	Signature of Individual
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If Representing A Fireworks Wholesale Company, List What Company:

Mailing Address
(Street, City, State, Zip)

Phone No.	Fax No.	
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Email Address	Age
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NOTE: By signing this application I verify the information is true to the best of my knowledge.

FIRE AUTHORITY SIGNATURE FOR SALES LOCATION

Printed Name of Fire Authority	Signature of Fire Authority
Title of Fire Authority	Mailing Address
Name of Fire Department	Phone No. Fax No.
Date Signed by Fire Authority	Email Address

Identification provided to local fire official at time of application for outside sales (tents/stands) only Yes No

MAP INFORMATION**REQUIRED INFORMATION*****INSIDE SALES DIAGRAM***

The location of fireworks display inside the structure.
Location of all exits and distance (in feet) from fireworks to all exits.
Location of highly combustible materials, open flames, heating elements, or direct ignition sources within a 20-foot radius of fireworks display

REQUIRED INFORMATION***OUTSIDE SALES DIAGRAM***

Location of outside sales stand or tent and location of all exits
Show the distance from tent or stand to the following:
Streets/sidewalks - minimum 15 feet
Buildings/ combustible structures - minimum 10 feet
Dispensers of flammable liquids - minimum 50 feet

**ATTACH A SEPARATE SHEET OF PAPER WITH A
DETAILED MAP WITH REQUIRED INFORMATION**