



# WHOLESALE FIREWORKS 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: 503-934-8274 or 8272  
Fax: 503-373-1825  
Email: [OSFM.LP@OSFM.Oregon.gov](mailto:OSFM.LP@OSFM.Oregon.gov)

**IMPORTANT**

- Please print or type. All sections must be completed, or your application will not be processed.
- Do not use the words “*same as last year*”, “*see above*”, or “*on file*”.
- Completed application and fee must be received by the State Fire Marshal no later than December 18<sup>th</sup> of the year preceding the year for which the permit is applied for. The application shall be postmarked by a United States Post Office postmark no later than December 18<sup>th</sup>. If December 18<sup>th</sup> falls on a day when a postmark cannot be obtained, the application shall be postmarked on the previous post office business day. Applications not received or postmarked by December 18<sup>th</sup> will be returned unprocessed.
- The wholesale permit shall be issued prior to any activities allowed by the permit being conducted.

**Fee \$3000** – Checks, Money Orders and Cashier’s Checks must be made payable to: **Oregon State Fire Marshal**

**YEAR PERMIT APPLIED FOR: 2024 APPLICATION DEADLINE: DECEMBER 18<sup>th</sup>, 2023**

**SECTION A – WHOLESALE FIREWORKS COMPANY PERMIT INFORMATION**

<b>Company Name:</b>			
<b>Phone Numbers:</b>	<b>Business:</b>	<b>Fax:</b>	
<b>Email:</b>			
<b>Mailing Address:</b> <small>(Street Address, City, State, Zip)</small>			
<b>Sales Address:</b> <small>(Street Address, City, State, Zip)</small>			
<b>Storage Address:</b> <small>(Street Address, City, State, Zip)</small>			
<b>List All DBA’s:</b>			
<b>List other businesses operated by company:</b>			

**SECTION B – MANAGER RESPONSIBLE FOR WHOLESALE OPERATIONS**

The **on-site** manager must provide a current photo ID such as a driver’s license or official ID card

<b>Name:</b>	<b>Signature</b>
<b>Phone Numbers:</b>	<b>Business:</b>
<b>Home:</b>	
<b>Email:</b>	
<b>Mailing Address:</b> <small>(Street Address, City, State, Zip)</small>	
<b>Photo ID #:</b>	<b>Issuing State:</b>
	<b>Expiration Date:</b>

## SECTION C – LIST ALL AUTHORIZED SALES REPRESENTATIVES *(Including yourself)*

Must provide a current photo ID such as a driver's license or official ID card.

Attach separate sheets if additional space is required.

**Each individual signing this application hereby certifies the information contained in this application is true and correct to the best of their knowledge and will comply at all times with all Oregon Revised Statutes, Oregon Administrative Rules, Federal and Local Regulations regarding fireworks in Oregon.**

<b>Printed Name:</b>		<b>Phone:</b>	
<b>Email:</b>			
<b>Mailing Address:</b>			
<b>Photo ID#:</b>	<b>Issuing State:</b>	<b>Expiration Date:</b>	<b>Signature</b>
<b>Printed Name:</b>		<b>Phone:</b>	
<b>Email:</b>			
<b>Mailing Address:</b>			
<b>Photo ID #:</b>	<b>Issuing State:</b>	<b>Expiration Date:</b>	<b>Signature</b>
<b>Printed Name:</b>		<b>Phone:</b>	
<b>Email:</b>			
<b>Mailing Address:</b>			
<b>Photo ID #:</b>	<b>Issuing State:</b>	<b>Expiration Date:</b>	<b>Signature</b>
<b>Printed Name:</b>		<b>Phone:</b>	
<b>Email:</b>			
<b>Mailing Address:</b>			
<b>Photo ID #:</b>	<b>Issuing State:</b>	<b>Expiration Date:</b>	<b>Signature</b>
<b>Printed Name:</b>		<b>Phone:</b>	
<b>Email:</b>			
<b>Mailing Address:</b>			
<b>Photo ID #:</b>	<b>Issuing State:</b>	<b>Expiration Date:</b>	<b>Signature</b>
<b>Printed Name:</b>		<b>Phone:</b>	
<b>Email:</b>			
<b>Mailing Address:</b>			
<b>Photo ID #:</b>	<b>Issuing State:</b>	<b>Expiration Date:</b>	<b>Signature</b>

## SECTION D - SOURCE OF FIREWORKS

Names, phone and addresses of all manufacturers, importers, and wholesalers from which you intend to purchase fireworks. Attach separate sheet if additional space is required

1.	Name:	Phone Number:
	Address:	
2.	Name:	Phone Number:
	Address:	
3.	Name:	Phone Number:
	Address:	

## SECTION E – FIREWORKS TO BE SOLD AND QUANTITY STORED

**Check all that apply including quantity for each type and total of all**

General Display Fireworks	<input type="checkbox"/>	1.3G		lbs	Close Proximity/Special Effects <small>(UN0431 &amp; UN0432)</small>	<input type="checkbox"/>	1.4S		lbs
Limited Display Fireworks <small>(aerial UN0336)</small>	<input type="checkbox"/>	1.4G		lbs	Agricultural/Pest Control	<input type="checkbox"/>	1.4E		lbs
Retail Fireworks <small>(UN0336) Oregon legal for tents, stand &amp; stores)</small>	<input type="checkbox"/>	1.4G		lbs	<b>TOTAL PRODUCT STORED</b>				lbs

## SECTION F – REQUIRED DOCUMENTS TO BE PROVIDED (If N/A note why)

1.	A current sketch or plot plan of the wholesale site depicting distances, adjacent structures, buildings, highways, property lines and the sales and storage areas.
2.	A current copy of required federal license must be attached if 1.3G fireworks are to be sold.
3.	A current copy of any lease or sub-lease agreements for the wholesale storage and sales sites.
4.	Current copies of all local business licenses, permits or zoning approvals required by local officials for storage and sales sites.
5.	A current copy of \$1M premises liability insurance.
6.	A copy of a Certificate of Occupancy for all buildings.
7.	A current copy of a Hazardous Materials Certificate of Registration.

## SECTION G – LOCAL APPROVAL AND SIGNATURE

### LOCAL FIRE OFFICIAL HAVING JURISDICTION OVER WHOLESALE SITE

Agency Name:	Phone Number:
Mailing Address:	Date Signed:
Authorized Signer <b>Printed Name:</b>	<b>Signature</b>

### BUILDING OFFICIAL

<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	Wholesale site in compliance with all requirements of the Oregon Structural Specialty Code or the code of the state where the wholesale site is located?
Agency Name:		Phone Number:		
Mailing Address:		Date Signed:		
Authorized Signer	<b>Printed Name:</b>	<b>Signature</b>		

**NOTE:**

As part of the permit application process, the applicant shall obtain the approval of the local fire authority and the local building official prior to submitting the application to the Office of State Fire Marshal.

**EXCEPTION:**

If the applicant's wholesale site address was continuous during the year preceding the year for which the wholesale permit renewal is sought, the applicant is required only to re-submit to the Office of State Fire Marshal, as part of the wholesale permit renewal application, the approval of the local fire authority.

**SECTION H – WHOLESALE FIREWORKS COMPANY SIGNATURES**

**APPLICANT INFORMATION**

Must provide a current photo ID such as a driver's license or official ID card

**Check the box that applies:**                       Owner                       Corporate Officer                       Partnership

**OWNER:** Owners must sign, and signatures **shall be notarized.**

Printed Name	Signature	Date:	
SSN*		Date:	
Notary Signature		Date:	
Printed Name	Signature	Date:	
SSN*		Date:	
Notary Signature		Date:	

\*Your Social Security Number is required for OSFM licenses, certificates, and permits according to ORS 25.785 and 42 USC Section 666(a)(13). Failure to provide your SSN will be a basis to refuse to issue or renew the license, certificate or permit you seek. This record of your SSN will be used for child support enforcement purposes only.

**CORPORATION:** Corporation Officers must sign, and signatures **shall be notarized.** Application shall bear the corporate seal. Must provide a current photo ID such as a driver's license or official ID card

Printed Name	Date:	
Signature		
Notary Signature	Date:	
Printed Name	Date:	
Signature		
Notary Signature	Date:	

**Affix Corporate Seal Here and Notary Stamp**

**PARTNERSHIP:** Each partner must sign, and all signatures **shall be notarized.** Must provide a current photo ID such as a driver's license or official ID card.

<b>1.</b>	Printed Name	Title:	
	Signature	Date:	
	Notary Signature	Date:	
<b>2.</b>	Printed Name	Title:	
	Signature	Date:	
	Notary Signature	Date:	
<b>3.</b>	Printed Name	Title:	
	Signature	Date:	
	Notary Signature	Date:	

**Each individual signing this application hereby certifies the information contained in this application is true and correct to the best of their knowledge and will comply at all times with all Oregon Revised Statutes, Oregon Administrative Rules, Federal and Local Regulations regarding fireworks in Oregon.**