**REGULATORY SERVICES DIVISION**

**FIREWORKS PROGRAM**

**RETAIL SALES FIREWORKS APPLICATION**

**RECOMMENDED SUBMITTAL DATE: APRIL 15**



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| **IMPORTANT**: For more information on completing this form and for laws and rules regarding fireworks in Oregon visit our website at <https://www.oregon.gov/osp/programs/sfm/Pages/Fireworks.aspx>  **Phone Number:** (503) 934-8272 or (503) 934-8274  **Email:** [SFM.LP@osp.oregon.gov](mailto:SFM.LP@osp.oregon.gov) **Fax Number:** (503) 373-1825  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 be returned unprocessed.  Checks, Money Orders and Cashier’s Checks must be made payable to:  **Oregon State Police – Office Of State Fire Marshal**  Mail fee & application(s) to:  **Office of State Fire Marshal**  **Regulatory Services Division Fireworks Program**  **PO Box 4395 Unit 09**  **Portland, OR 97208-4395 OSFM USE ONLY** Fee $100 0230Approved DatePermit No: RS- | |
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| **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)** | |
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| **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 | |

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| **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** |  | | |
| **INDIVIDUAL COMPLETING APPLICATION INFORMATION**  Information of individual completing application and where the permit will be emailed | | | |
| **Printed Name of Individual** **Signature of Individual**  **If Representing A Fireworks Wholesale Company, List What Company:**  **Mailing Address**  **(Street, City, State, Zip)**  **Phone No.** **Fax No.**  **Email Address** **Age**  **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*** | | **REQUIRED INFORMATION**  ***OUTSIDE SALES DIAGRAM*** | |
| 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 | | 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 REQIRED INFORMATION**