APPLICATION FOR A FIREWORKS LICENSE AND/OR PERMIT

This application must be accompanied by the appropriate fee and all documents and information required by Chapter 2154 of the Texas Occupations Code and the Fireworks Rules.

Complete answers must be given to all questions. Please print or type.

Any fraudulent representation on this application shall be cause for denial, suspension, or revocation of a license or permit.

All fees are non-refundable, except for overpayments resulting from mistakes of law or fact.

<table>
<thead>
<tr>
<th>CHECK TYPE(S)</th>
<th>TYPE OF LICENSE OR PERMIT</th>
<th>FEE</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MANUFACTURER'S LICENSE</td>
<td>$1,000.00 + $250.00 Safety &amp; Education Fee</td>
<td>570-01</td>
</tr>
<tr>
<td></td>
<td>DISTRIBUTOR'S LICENSE</td>
<td>$1,500.00 + $250.00 Safety &amp; Education Fee</td>
<td>570-02</td>
</tr>
<tr>
<td></td>
<td>JOBBER'S LICENSE</td>
<td>$1,000.00 + $250.00 Safety &amp; Education Fee</td>
<td>570-03</td>
</tr>
<tr>
<td></td>
<td>AGRICULTURAL PERMIT</td>
<td>$10.00</td>
<td>570-09</td>
</tr>
<tr>
<td></td>
<td>INDUSTRIAL PERMIT</td>
<td>$10.00</td>
<td>570-09</td>
</tr>
<tr>
<td></td>
<td>WILDLIFE CONTROL PERMIT</td>
<td>$10.00</td>
<td>570-09</td>
</tr>
</tbody>
</table>

APPLICANT

NAME OF APPLICANT

SPECIFIC BUSINESS LOCATION TO BE INDICATED ON THE LICENSE OR PERMIT

CITY | STATE | ZIP CODE
--- | --- | ---

COUNTY | TELEPHONE NO. | FAX NO.
--- | --- | ---

E-MAIL ADDRESS FOR NOTIFICATION PURPOSES (optional) | WEB SITE ADDRESS (optional)
--- | ---

MAILING ADDRESS

CITY | STATE | ZIP CODE
--- | --- | ---

PREVIOUS HISTORY

Has the firm or any owner or officer of the firm ever appeared before or been investigated by a regulatory body for a violation in the conduct of a business? If “yes”, give details on a separate sheet and attach it to this application.

YES □ | NO □

STORAGE LOCATIONS

Does your firm store fireworks in the state of Texas? If “YES”, please list below all locations where 1.3G or 1.4G are stored. Use additional sheet if necessary.

YES □ | NO □

<table>
<thead>
<tr>
<th>INDICATE CLASSIFICATION CODE</th>
<th>LOCATION</th>
<th>ESTIMATED MAX. WEIGHT DURING THE YEAR</th>
<th>ARE THERE 500 OR MORE CASES?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.4G OR 1.3G</td>
<td></td>
<td>GROSS WEIGHT</td>
<td>*NET WEIGHT</td>
</tr>
<tr>
<td></td>
<td>STREET ADDRESS</td>
<td>CITY</td>
<td></td>
</tr>
</tbody>
</table>
### OWNERSHIP OF FIRM
Check and complete the section below that applies to your company

- ☐ Sole proprietorship
- ☐ General Partnership
- ☐ Limited Liability Partnership (LLP) or Limited Partnership (LP)
- ☐ Corporation
- ☐ Limited Liability Co (LLC)

#### Name of Individual Owner:

#### Names of Individual Partners:

#### Full Legal Name of Partnership:

#### Full Legal Name of General Partner:

#### Full Legal Name of Corporation:

#### Full Legal Name of Limited Liability Co:

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### IDENTIFICATION NUMBERS

Federal employer’s identification (FEI) number

Filing number assigned by Texas Secretary of State (for Corporations, Limited Liability Companies, and Limited Partnerships)

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### SMALL BUSINESS INFORMATION
*(to determine the quantity of small businesses as required by Government Code, Chapter 2006, Sec. 2006.002)*

- The firm regularly has fewer than 100 employees.  
  - YES ☐  NO ☐

- The firm regularly has fewer than 20 employees.  
  - YES ☐  NO ☐

- The firm is independently owned and operated. *(i.e. not a subsidiary or subject to control by another entity or not publicly traded)*  
  - YES ☐  NO ☐

- The firm regularly generates less than $6 million in annual gross receipts.  
  - YES ☐  NO ☐

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### AGRICULTURAL, INDUSTRIAL OR WILDLIFE CONTROL PERMIT
*(This portion to be additionally completed for agricultural, industrial, or wildlife control permit applicants)*

#### DESCRIBE THE TYPE OF FIREWORKS TO BE USED.

#### STATE THE SPECIFIC PURPOSE FOR WHICH FIREWORKS ARE TO BE USED.

#### STATE THE EXACT LOCATION WHERE FIREWORKS ARE TO BE USED.

#### WHERE IS THE PERMIT TO BE AVAILABLE?

#### DISTRIBUTOR LICENSED IN TEXAS WHO IS TO SUPPLY THE FIREWORKS:

<table>
<thead>
<tr>
<th>Name</th>
<th>License number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I hereby authorize the state fire marshal or any of his duly authorized deputies, upon notice, to enter, examine, and inspect any premises, building, room, or establishment used in connection with the license or permit for which I am applying to determine compliance with the provisions of Chapter 2154 and the Fireworks Rules.

I am familiar with and will comply with Chapter 2154 of the Texas Occupations Code and the Fireworks Rules.

By my signature, I verify that the information on this application and its attachments are true.

I understand that knowingly providing a false answer to any question or submitting false information or documents with this application may be tampering with a governmental record which is punishable under the Texas Penal Code Chapter 37, §37.10.

Check or money order should be made payable to the TEXAS DEPARTMENT OF INSURANCE.

Mail this completed application along with appropriate fee and any additional documents to:

Mailing Address: State Fire Marshal’s Office
Mail Code 9999
P. O. Box 149221
Austin, Texas 78714-9221

Physical Address: State Fire Marshal’s Office
333 Guadalupe Street
Austin, TX 78701

Telephone No. (512) 676-6808
Fax No. (512) 490-1056

Web Site Address: www.tdi.texas.gov/fire

### ADDITIONAL DOCUMENTS

<table>
<thead>
<tr>
<th>Texas or Foreign Corporation</th>
<th>Texas or Foreign Limited Partnership</th>
<th>Texas or Foreign Limited Liability Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>submit the following:</td>
<td>submit the following:</td>
<td>submit the following:</td>
</tr>
<tr>
<td>Corporate Charter, Certificate of Existence, or Certificate of Authority issued by the Texas Secretary of State</td>
<td>Certificate of Limited Partnership, Registration Application for Foreign Limited Partnership</td>
<td>Certificate of Organization, or Certificate of Authority issued by the Texas Secretary of State</td>
</tr>
<tr>
<td>Franchise Tax Account Status must be ACTIVE with the TX Comptroller of Public Accounts</td>
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<td>Assumed Name Certificate from Texas Secretary of State (if using a d/b/a)</td>
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Texas Secretary of State: (512) 463-5578
Texas Comptroller of Public Accounts (800) 252-1386

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES: With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI’s General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI’s website at www.tdi.texas.gov.