



DC Fire & EMS Department

Fire Prevention Division

1100 4th Street SW Suite E700 Washington, DC 20024 (202) 727-1614



Permit Application for License to Sell Fireworks – Retail Business Occupancy rev. 5/8/13

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 documents to District of Columbia Fire and EMS Department (DCFEMS), Fire Prevention Division prior to displaying your fireworks for sale. A License to Sell Fireworks – Retail Business permit will be issued for each business occupancy and will be valid for dates indicated on the permit or revoked. 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 issuance 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 upon completion of 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:** _____

**Permit Application for License to Sell Fireworks – Retail Business Occupancy
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 Prevention Division.

1. _____ Provided two copies of the following:
 ❖ Fireworks Retailer’s License issued by DCRA.
2. _____ Provided with a copy of the 2013 Approved Fireworks Listing for 2013.
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 #: _____

ATTACH PAYMENT HERE