



**Office of the State Fire Marshal
Attn: Pyrotechnic Licensing Division
1035 Stevenson Drive
Springfield, Illinois 62703-4259**

Application to Register as a Consumer Distributor or Consumer Retailer

Pursuant to the Pyrotechnics Use Act, 425 ILCS 35 (“Act”), no person may act as a consumer distributor or retailer, or advertise or use any title implying that the person is a consumer distributor or retailer unless registered with the Office of the State Fire Marshal (OSFM). No consumer fireworks may be distributed, sold, transferred, or provided free of charge to an individual who has not been issued a permit in accordance with this Act or has not registered with the Office of the State Fire Marshal (OSFM). Please provide the following information:

1. Name / Address and Tax Identification Number

Name: _____ Registered Business Name: _____
Address: _____ Assumed Name: _____
City: _____ Soc. Sec. No. (Individual/Sole Prop.)¹: _____
Zip Code: _____ County: _____ Employer ID No.: _____
Phone: (_____) _____ E-Mail Address: _____

2. All Applicants Must Submit the Following:

- A list of the names and personal addresses of all owners or officers of the business, including a copy of each owner or officer’s driver’s license or other government issued identification card that includes the date of birth and photograph. Submit as Attachment A.
- If the business operates under an assumed name, a copy of the assumed name certificate. Submit as Attachment B.
- The address of each location from which consumer fireworks will be distributed, sold, transferred, or provided free of charge. Submit as Attachment C. NOTE: You must register each location separately.
- Proof of payment of taxes to the Illinois Department of Revenue. Submit as Attachment D.

¹ The Identity Protection Act, 5 ILCS 179/1 *et seq.*, requires each local and State government agency to draft, approve, and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual’s Social Security Number (SSN). This statement of purpose is being provided to you because you have been asked by the OSFM to provide your SSN or because you requested a copy of this statement. You are being asked for your SSN for one or more of the following reasons: Internal verification and/or potential collection of fees, penalties or fines. We will only use your SSN for the purpose for which it was collected. We will not: Sell, lease, loan, trade, or rent your SSN to a third party for any purpose; Publicly post or display your SSN; Print your SSN on any card required for you to access our services; Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or Print your SSN on any materials that are mailed to you, unless state or federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.

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OR

If the applicant does not pay taxes to the Illinois Department of Revenue, the applicant must provide a sworn Affidavit from the applicant or its tax preparer identifying why taxes are not paid and submit as Attachment D.

- Local Government Letter or Permit – A copy of the letter or permit issued by the local governmental authority authorizing the applicant to distribute, sell, offer for sale, exchange for consideration, transfer or provide free of charge consumer fireworks at the locations identified by applicant. Submit as Attachment E.

License Fee: DO NOT REMIT PAYMENT with this application. OSFM will invoice you for the registration fee of \$50.00 per location once your application has been reviewed and approved. Pursuant to Section 50(c) of the Act, 225 ILCS 227/50(c), all funds paid under this Act are non-refundable.

If you have not completed this application fully, your application will be denied.

Verification

I certify that I have read the Illinois Statutes 425 ILCS 35 (Pyrotechnic Use Act), and Rules 41 Ill. Admin. Code 235, and have reviewed the “Approved and Prohibited Consumer Fireworks and Unregulated Novelties” document. (The Office of the State Fire Marshal (“OSFM”) has posted copies of these documents on its website, www.sfm.illinois.gov.)

Additionally, I certify that I am authorized to sign this application on behalf of the applicant and that all information and documents submitted herewith are accurate, true, and complete. I further certify that during the term of the applicant’s registration, the applicant will maintain all registration requirements and qualifications, including, but not limited to, required insurance/financial responsibility, licenses, permits and certifications.

Signature: _____

Print Name: _____

Title: _____

Date: _____

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Attachment A – List of Owners or Officers²

OFFICER'S FULL NAME (FIRST, MIDDLE, LAST)	PERSONAL ADDRESS	TITLE	DATE OF BIRTH (MONTH/DAY/YEAR)	STATE ISSUING; DRIVER'S LICENSE OR ID CARD NO. (COPIES ATTACHED)

² "Officer" means:

if the business is a sole proprietorship, the owner of the business or any person exercising managerial control; or if the business is a partnership, any partner who has at least 10% ownership interest or any partner who exercises managerial control; or if the business is a corporation, any officer or director of the corporation or any person who has at least 10% ownership interest in such corporation or who exercises managerial control. (41 Ill. Adm. Code §235.20)

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Attachment C – List of Locations from which Consumer Fireworks are Distributed, Sold, Transferred, or Provided

LOCATION	COUNTY	PHONE NUMBER AT LOCATION	DATE DISTRIBUTION BEGINS	DATE DISTRIBUTION ENDS
Business Name: Address: City: Zip Code:				
Business Name: Address: City: Zip Code:				
Business Name: Address: City: Zip Code:				
Business Name: Address: City: Zip Code:				
Business Name: Address: City: Zip Code:				
Business Name: Address: City: Zip Code:				

[Signature]

[Print Name and Title of Individual]

[Print Name of Consumer Distributor/Retailer Applicant]

Subscribed and Sworn to
Before me this _____ day of
_____, 20_____.

NOTARY PUBLIC

Seal: