



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

Application for Limited Pyrotechnic Distributor License (Municipal/Governmental Use)

Any person, individual, firm, corporation, association, partnership, company, consortium, joint venture, commercial entity, state, municipality, or political subdivision of the state or any agency, department or instrumentality of the United States and any officer, agency or employee of these entities who distributes display fireworks for sale in the State of Illinois, or provides them as part of a pyrotechnic display service in the State of Illinois, or provides only pyrotechnic services must be licensed by the Office of the State Fire Marshal (OSFM) pursuant to the Pyrotechnic Distributor and Operator Licensing Act 225 ILCS 227 ("Act"). Please provide the following information:

- New
 Renewal (License # _____)

1. Type of Distributor License:

- Outdoor Professional Proximate Audience Flame Effect

2. Name/Address and Tax Identification Number

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Registered Name of Applicant: _____

D.B.A. / Assumed Name of Applicant: _____

Employer ID No (FEIN): _____

3. All Applicants Must Submit the Following:

A. Information Regarding Officer

The applicant must submit the name and personal address of an Officer of the city council, the board of trustees, the county board, or the political subdivision of the State seeking the Limited Distributor's

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license, including a copy of the Officer's driver's license (or other government issued ID showing date of birth and photograph). Submit as Attachment A. **Initial:** _____

B. Political Subdivision Status

Submit an Affidavit acknowledging the applicant's status as a political subdivision of the State of Illinois. Submit supporting Affidavit as Attachment B.

C. BATFE License

The applicant is a political subdivision of the State of Illinois, and as such, the applicant asserts an exemption pursuant to 18 USC § 845(a)(3) from the requirement of possessing a Bureau of Alcohol, Tobacco, Firearms, and Explosives (BATFE) license for the transportation, shipment, receipt, or importation of explosive materials that are delivered to the political subdivision of the State. The applicant acknowledges that Section 35(d)(8) of the Pyrotechnic Distributor and Operator Licensing Act, 225 ILCS § 227/35(d)(8), requires all OSFM licensed pyrotechnic operators to have a BATFE explosives license or a BATFE Employee Possessor Letter of Clearance. The applicant acknowledges that because it chooses to assert an exemption from BATFE licensing, it will be impossible for its licensed pyrotechnic operators to obtain an Employee Possessor Letter of Clearance. Therefore, the applicant acknowledges that all of its licensed pyrotechnic operators must possess a BATFE license in order to be licensed under the Pyrotechnic Distributor and Operator Licensing Act. **Initial:** _____

OR

The applicant must submit to OSFM a copy of the applicant's current BATFE license for distribution of display fireworks or proof from BATFE that the license is in the process of being renewed. Submit as Attachment C.

Initial: _____

D. IDNR License

The applicant must submit proof of successful completion of the Illinois Department of Natural Resources (IDNR) training program by listing the Officer's current IDNR License number and expiration date. **Initial:** _____

Officer's Name: _____

IDNR License No.: _____

Expiration Date: _____

OR

If the applicant distributes only flame effect displays, the applicant must submit proof of successful completion of the flame effect written examination administered by the Office of the State Fire Marshal. Submit as Attachment D. **Initial:** _____

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E. Products Liability Insurance

The applicant must submit a currently valid Certificate of Insurance showing proof of not less than \$1,000,000 in products liability insurance. Submit as Attachment E. **Initial:** _____

OR

The applicant may be self-insured. Submit supporting Affidavit as Attachment B. **Initial:** _____

**See Insurance Note Below*

F. General Liability Insurance

The applicant must submit a currently valid Certificate of Insurance showing proof of not less than \$1,000,000 in general liability insurance. Submit as Attachment E. **Initial:** _____

OR

The applicant may be self-insured. Submit supporting Affidavit as Attachment B. **Initial:** _____

** See Insurance Note Below*

G. Illinois Worker's Compensation Insurance

The applicant must submit a currently valid Certificate of Insurance showing proof of Illinois Worker's Compensation Insurance. Submit as Attachment F. **Initial:** _____

OR

The applicant may be self-insured. Submit supporting Affidavit as Attachment B. **Initial:** _____

** Insurance Note: The Products Liability and General Liability insurance coverage shall provide for 30 days minimum coverage prior to written notice of cancellation to OSFM. Such insurance coverage shall be an occurrence based policy, and it shall cover all periods of time when pyrotechnic materials, including flame effect materials, are in the insured's actual or constructive possession, including those times when the materials are being stored, transported, handled, used, discharged and displayed.*

H. USDOT Identification Number and Hazardous Materials Registration Number

The applicant must submit proof of a valid United States Department of Transportation (USDOT) Identification Number along with a current Hazardous Materials Registration Number. Submit as Attachment G. **Initial:** _____

OR

The applicant may seek an exemption if it distributes only flame effect pyrotechnic displays, and/or it never transports materials in quantities that require registration with the USDOT. Submit supporting Affidavit as Attachment B. **Initial:** _____

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I. Name of Licensees

The applicant must submit the names of all Officer(s) of the city council, board of trustees, county board, or employee(s) of said political subdivision of the State whom it is seeking to license with OSFM as Lead Pyrotechnic Operator(s). Submit as Attachment G. **Initial:** _____

J. Fingerprint Based Background Check Requirements

By initialing and signing below, the undersigned certifies that the applicant has submitted fingerprints certified by the Illinois Department of State Police (ISP), to enable ISP to conduct a criminal history check of the Officer of the city council, board of trustees, or county board. Please refer to the application instructions for further information and live-scan vendors.

Initial: _____

OR

The undersigned certifies that the fingerprint card was previously submitted on a prior license application. **Initial:** _____

K. Compliance with the Pyrotechnic Distributor and Operator Licensing Act

By initialing and signing below, the undersigned certifies that the applicant has not willfully violated any provisions of the Pyrotechnic Distributor and Operator Licensing Act, 225 ILCS § 227. **Initial:** _____

By initialing and signing below, the undersigned certifies that the applicant has not made any material misstatement or knowingly withheld information in connection with any original or renewal application filed pursuant to the Pyrotechnic Distributor and Operator Licensing Act. **Initial:** _____

4. Licensing Fees:

Limited Pyrotechnic Distributor License (Municipal Use) and each renewal	\$50
Replacement license (lost, stolen, or destroyed) or Duplicate license (worn, damaged, or address change)	\$25

PLEASE NOTE: DO NOT REMIT PAYMENT with this application. OSFM will invoice you 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.

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Verification

I certify that I have read the Illinois Statutes 225 ILCS 227 (Pyrotechnic Distributor and Operator Licensing Act), 425 ILCS 35 (Pyrotechnic Use Act), and Rules 41 Ill. Admin. Code 230 & 235. (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 its license, the distributor will maintain all licensing requirements and qualifications, including but not limited to, required insurance/financial responsibility, licenses, letter of clearance and certifications.

Signature: _____

Print Name: _____

Title: _____

Date: _____

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Attachment A – Applicant’s Officer

Officer’s Full Name (First, Middle, Last): _____

Title: _____

Residential Address: _____

Date of Birth (Month/Day/Year): _____

State Issuing Driver’s License or ID Card: _____

Driver’s License or ID Card Number (Attach Copy): _____

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Attachment G – List of Officers/Employees to be Licensed as Lead Pyrotechnic Operators

<u>OFFICER/EMPLOYEE’S NAME</u>	<u>IDNR LICENSE</u>	<u>OSFM LICENSE</u>
	License No: Type: Issued: Expires:	License No: Type: Issued: Expires:

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ATTACHMENT B

(To be completed by All Applicants)

STATE OF _____)
 [Insert State of Residence]) SS.

COUNTY OF _____)
 [Insert County of Residence]

AFFIDAVIT
IN SUPPORT OF LIMITED PYROTECHNIC DISTRIBUTOR LICENSE APPLICATION

The undersigned individual, being duly sworn under oath, states and affirms as follows:

1. I am _____ **[state your title]** of _____ **[name of municipal / governmental entity]**, also referred to as “applicant”.
2. This Affidavit is made in support of the applicant’s application for a Limited Pyrotechnic Distributor (Municipal/Governmental) license with the Office of the Illinois State Fire Marshal (OSFM).
3. [All applicants must complete paragraph 3.]

The applicant, _____ **[name of municipal / governmental entity]** is a political subdivision of the State of Illinois.
Initial: _____

4. [Only those applicants seeking exemption from product liability, general liability and/or worker’s compensation insurance requirements must complete paragraph 4.]

The applicant, _____ **[name of municipal / governmental entity]**, is a self-insured political subdivision of the State of Illinois, pursuant to 41 Ill. Adm. Code 230.100(a)(5).
Initial: _____

5. [Only those applicants seeking exemption from providing a United States Department of Transportation (USDOT) Identification Number and/or a USDOT Hazardous Materials Registration Number must complete a. and/or b. and must complete c. of paragraph 5.]
 - a. The applicant distributes only flame effect pyrotechnic displays. Initial: _____
and/or

- b. The applicant never transports materials in quantities that require registration with USDOT. Initial: _____
- c. The materials used by the applicant in the display services provided by the applicant are:

[You must identify all materials used for the display services AND the quantity of each material transported for the displays].

Initial: _____

6. Further affiant sayeth not.

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, 735 ILCS 5/1-109, the undersigned certifies that the statements set forth in this affidavit are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she/she verily believes the same to be true.

[Signature]

[Print Name and Title of Individual]

[Print Name of municipal/governmental entity]

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

NOTARY PUBLIC

Seal: