

APPLICATION FOR LICENSE TO DISTRIBUTE FIREWORKS
(Set 1 of 2 Sets)

RESPONSIBLE PARTY INFORMATION			
21. List information required for each individual, owner, partner, and other responsible persons in the Applicant's business (If additional space is needed, use a separate sheet.)			
A. Full name (last, first, middle)	Home address	Position	Social Security # (Optional)
Date of Birth	Height	Weight	Scars, Marks, Tattoos
B. Full name (last, first, middle)	Home address	Position	Social Security # (Optional)
Date of Birth	Height	Weight	Scars, Marks, Tattoos
C. Full name (last, first, middle)	Home address	Position	Social Security # (Optional)
Date of Birth	Height	Weight	Scars, Marks, Tattoos
D. Full name (last, first, middle)	Home address	Position	Social Security # (Optional)
Date of Birth	Height	Weight	Scars, Marks, Tattoos
Give full details on separate sheet for all "Yes" answers in items 22 & 23			
22. Is applicant or any person named in item 21 above	A. Charged by information or under indictment in any court for a crime punishable by imprisonment for a term exceeding one year	Yes	No
	B. A fugitive from justice		
	C. Under 21 years of age		
	D. An unlawful user of or addicted to marijuana, or any depressant, stimulant, or narcotic drug		
23. Has applicant or any person named in 21 ever	A. Been convicted in any court of a crime punishable by imprisonment for a term exceeding one year		
	B. Been adjudicated as a mental defective or been committed to any mental institution		
24. CERTIFICATION: Under the penalties imposed by KSA 21-3805, I declare that I have examined this application and documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct, and complete. I also certify that I am familiar with all published State laws and local ordinances relating to firework materials for the location in which I intend to do business.			
APPLICANT'S SIGNATURE		TITLE	DATE
FOR KANSAS STATE FIRE MARSHAL USE			
Application is: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Reasons for Disapproved Application		
Signature			Date

RETURN COMPLETED APPLICATION AND PAYMENT INFORMATION TO THE KANSAS STATE FIRE MARSHAL'S OFFICE, ATTN: INVESTIGATION DIVISION, 700 SW JACKSON STREET, SUITE 600, TOPEKA, KANSAS 66603. FAX NUMBER (785) 368-6559