



**STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
DIVISION OF FIRE AND LIFE SAFETY
STATE BOARD OF PYROTECHNIC SAFETY
141 MONTICELLO TRAIL
COLUMBIA, SC 29203
(803) 896-9807**

**LICENSE APPLICATION
WHOLESALE DISTRIBUTOR OF FIREWORKS
\$1,000.00 FEE**

APPLICATION FOR LICENSE AS A WHOLESALE DISTRIBUTOR OF FIREWORKS TO SELL FIREWORKS IN THE STATE OF SOUTH CAROLINA. NOTE: LOCATIONS IN THE STATE OF SOUTH CAROLINA MUST BE INSPECTED PRIOR TO ISSUANCE OF LICENSE.

NAME OF PERSON OR FIRM _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS _____

OWNER'S NAME _____

DATE OF BIRTH _____ SOCIAL SEC. NO. _____ TELEPHONE _____

WHOLESALE DISTRIBUTOR OF FIREWORKS LICENSE (Person of Firm selling fireworks to licensed Jobbers or licensed Retailers and/or selling of Class "B" (1.3) Fireworks used for display or agriculture purposes).

TYPE OF MATERIAL: CLASS "C"(1.4) _____ CLASS "B"(1.3) _____ OTHER _____

If Wholesale Distributor utilizes more than one location, separate applications for each location must be completed in detail and notarized before license will be issued. All checks for license fees (\$1,000.00) shall be made payable to the **State of South Carolina**.

PHYSICAL LOCATION(S) OF STORAGE _____

If a licensed operation is relocated to another location without approval, or fireworks are stored without proper notification and approval by the State Board of Pyrotechnic Safety, the license previously issued becomes null and void, and the owner/firm will be subject to the appropriate sanction and/or fine.

ALL LICENSES EXPIRE JULY 15 OF EACH YEAR.

AFFIDAVIT OF APPLICANT:

I, _____, (Title) _____, of the Firm of _____, hereby certify that the information given on this application is true and correct to the best of my knowledge.

SWORN to before me this _____
day of _____, 20____
Notary Public for _____
Signature _____
My Commission expires _____
Rev .05/22/07

Signature of Applicant/Owner