



**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 STORAGE OF FIREWORKS
\$750.00 FEE**

APPLICATION FOR WHOLESALE STORAGE OF CLASS "B" (1.3) FIREWORKS TO STORE FIREWORKS IN THE STATE OF SOUTH CAROLINA. NOTE: EACH LOCATION 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 STORAGE OF LEGAL CLASS "B" (1.3) FIREWORKS LICENSE (Facility used for storage of display or agricultural fireworks). APPLICANT FOR THIS LICENSE MUST ALSO SECURE LICENSE AS A WHOLESALE DISTRIBUTOR OF FIREWORKS.

An application for each location must be completed in detail and notarized before license will be issued. All checks for license fees (\$750.00) 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