

**Department of Public Safety**  
Division of Fire Safety  
**Fireworks Permit Application**  
**Permit Year 2018**

Mailing Address: P O Box 844  
Jefferson City, Missouri 65102  
Telephone: 573-751-2930  
Fax Number: 573-526-4600  
E-Mail Address:  
firesafe@dfs.dps.mo.gov

**INSTRUCTIONS  
FOR COMPLETING  
FIREWORKS PERMIT APPLICATION**

**Notice:** If you are involved in Missouri's fireworks industry as a manufacturer, distributor, wholesaler, jobber or seasonal retailer, it is your responsibility to be familiar with and know Missouri law, RSMo. 320.106 through 320.161 and Missouri's Code of State Regulations 11 CSR 40-3.010.

**Copy of the Missouri Revised Statutes and Missouri Rules pertaining to fireworks can be obtained from our website at [www.dfs.dps.mo.gov](http://www.dfs.dps.mo.gov) or by calling 573-751-2930.**

**Permit applications may be obtained from the Division of Fire Safety or downloaded from our website at [www.dfs.dps.mo.gov](http://www.dfs.dps.mo.gov).**

**INSTRUCTIONS**

To ensure prompt processing of Fireworks Permit Application please follow the check list below:

- Please print in ink or type.
- Complete all questions on application.
- Only cashier's checks, bank drafts, or money orders payable to the "Division of Fire Safety" will be accepted. (Cash or personal checks will not be accepted.)
- All applicants must submit a **Certificate of No Sales or Use Tax Due** and a **copy of the Missouri Retail Sales Tax License**. This must be obtained from the Missouri Department of Revenue. For example: If you are applying for five separate locations you must submit five sales tax licenses, each with a separate address of business, all will have the same sales tax number.
- All corporations must submit a current copy of their **Certificate of Good Standing** to commence business in Missouri. This may be obtained from the Missouri Secretary of State.
- All **manufacturers, distributors, jobbers, and wholesalers** shall submit their application and required documentation before **January 1, 2018**.
- **Please include a stamped, self-addressed, business envelope.**

**ISSUANCE OF PERMIT**

Allow a minimum of 30 days from the date the Division of Fire Safety receives an application for the permit to be issued. Applications received on or postmarked after the **January 1st** deadline may require a longer processing time.

**SEND ALL INFORMATION TO:** Investigations and Explosives Enforcement Unit, Missouri Division of Fire Safety, P.O. Box 844, Jefferson City, Missouri 65102



DEPARTMENT OF PUBLIC SAFETY  
 DIVISION OF FIRE SAFETY  
 PO Box 844, Jefferson City, MO 65102

Fireworks Permit Application  
 Permit Year 2018

Name of Business:		Business Email Address:	
Owner of Business Or Responsible Person:		Social Security Number:	
Business Phone Number:		Business Fax Number:	
Mailing Address:			
City:	State:	Zip:	County:
Does your business sell display fireworks as defined in Chapter 320 RSMo. _____ YES _____ NO			
If yes, BATFE Federal License/Permit Number: _____ Expiration Date: _____			

<b>Fireworks Product Purchased From:</b>		
Business Name: _____	City: _____	State: _____

**COMPLETE FORM BELOW LISTING ALL BUSINESS LOCATIONS FOR WHICH YOU ARE APPLYING. IF YOU ARE APPLYING FOR MORE THAN ONE LOCATION, YOU MUST SUBMIT A RETAIL SALES TAX LICENSE FOR EACH.**

Address	City	State	County	Zip	Permit Type	Company Number

<b>Permit Type and Fee Per Location</b>				
(M) Manufacturer \$775	(D) Distributor \$775	(W) Wholesaler \$275	(J) Jobber \$525	(S) Seasonal Retailer \$50
Total Fee(s) Amount Enclosed: \$ _____				

<b>I CERTIFY THAT I AM FAMILIAR WITH THE RULES AND REGULATIONS OF CHAPTER 320 RSMO AND ITS REVISIONS AS IT PERTAINS TO THE FIREWORKS INDUSTRY IN THE STATE OF MISSOURI.</b>		
_____ Signature	_____ Print Name	_____ Date