OFFICE OF THE STATE FIRE MARSHAL
FIREWORKS BOTTLE ROCKET REGISTRATION

Please check: ☐ New ☐ Renewal

COMPLETE ALL 10 SECTIONS IN FULL – PRINT LEGIBLY REFER TO K.S.A. 31-507 & 31-508 FOR GUIDELINES

1. NAME:

_____
Business Name

_____
Contact Person

2. Applicant's Current Registration # (if renewal):

3. FEDERAL SALES TAX ID#:

4. STATE SALES TAX ID#:

5. PHYSICAL & MAILING ADDRESS:

_____
Physical Address

_____
City County State ZIP

_____
Mailing Address

_____
City County State ZIP

6. CONTACT INFORMATION:

Home: ( ) Mobile: ( ) E-mail:

7. DESCRIBE SPECIFIC BUSINESS ACTIVITY FOR WHICH REGISTRATION IS DESIRED:

8. STORAGE ADDRESS OR POINT OF TRANSPORT ORIGIN (INCLUDE COMPLETE ADDRESS):

_____
Address City State ZIP

9. POINT OF DISPOSITION OR TRANSPORT DESTINATION (INCLUDE COMPLETE ADDRESS):

_____
Address City State ZIP

Application is hereby made for registration to store, handle, possess and transport bottle rockets in the state of Kansas for use outside the state of Kansas in accordance with K.S.A. 31-507 et seq.

10. APPLICANT'S SIGNATURE

Under the penalties imposed by K.S.A. 21-3805, I declare that I have examined this application and any 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(s) in which I intend to do business.

Applicant Signature _____ Date _____/_____/_____
(must sign legibly)

FOR OSFM USE ONLY ☐ REQUIREMENTS MET ☐ BACKGROUND CLEARED ☐ FBI #

Return completed application to the Office of the State Fire Marshal, ATTN Investigation Division, 800 SW Jackson St, Ste 104, Topeka KS 66612, FAX (785) 368-6559, E-mail osfminv@ks.gov