



500 James Robertson Parkway
 Nashville, TN 37243
 Tel: 615-741-2981
<http://www.tn.gov/commerce/>

FOR OFFICE USE ONLY	
LICENSE TYPE	4502
TRANSACTION TYPE	_____
FILE NUMBER	_____
ENTITY NUMBER	_____
APPLICATION NUMBER	_____
AMOUNT PAID	_____

APPLICATION FOR SEASONAL RETAILER FIREWORKS PERMIT
 (Pursuant to Tenn. Code Ann. § 68-104-102)

Please type or print all information. All fields below are required and must be completed before the application will be processed. **The fee for a seasonal retailer fireworks permit is \$100.** Please note that you may complete the following form online at <https://core.tn.gov>. Completing the form online will allow you to pay by credit card. If you choose to fill out the paper form, please mail the completed form with a check or money order in the amount of \$100 to: Tennessee Department of Commerce & Insurance, 500 James Robertson Parkway, Division of Fire Prevention, Permits & Licensing Section, 500 James Robertson Parkway, Nashville, TN 37243. The check or money order should be made payable to the Department of Commerce and Insurance. For questions regarding this application or the permit, please contact the Permits and Licensing Section at (615) 741-2981.

Name of Company: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone #: () _____ Email Address: _____

Name of Owner: _____ Date of Birth: ____/____/____

LOCATION OF BUSINESS

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone #: () _____

What type of structure will you be selling fireworks from? (The location may be inspected by the Department of Commerce and Insurance to ensure compliance with reasonable safety standards for the storage and sale of fireworks per Tenn. Code Ann. § 68-104-105(b)(2).)

- Tent/canopy Permanent building selling only fireworks Permanent mixed-use building (retail)

What is the approximate square footage of the structure? _____

What is the approximate ceiling height of the building? _____

Does the structure have an automatic sprinkler system? Yes No

Have fireworks been sold at this location previously?

Yes; if yes, how long? _____ No

Will fireworks be located at this location year-round? Yes No

Is there any other business conducted at this location? Yes No

If yes, what kind of business? _____

Will gasoline, paints, oils, or other flammable or combustible substances be sold or stored at this location?

Yes No

Have you been convicted of violating fireworks laws of this state or any other jurisdiction? Yes No

If yes, please explain: _____

ANTICIPATED SALE DATES

Seasonal retailers with a valid permit may only engage in the business of selling fireworks within Tennessee from June 20 through July 5 and December 10 through January 2. Please check the box(es) to indicate when you intend to sell fireworks this year and provide the date you anticipate will be the first day of sales for that season. (For example, if you intend to sell during the June 20 through July 5 season and to begin sales on June 22, please check the box for June 20 through July 5 and write "June 22" on the line.)

June 20-July 5; anticipated first day of sales: _____

December 10-Janury 2; anticipated first day of sales: _____

PURCHASE OF FIREWORKS

List the names, permit numbers, and addresses of all firms you purchase fireworks from:

Name	Permit Number	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing below, I certify that I am familiar with Tenn. Code Ann. Title 68, Chapter 104, Part 1, and the Rules and Regulations issued pursuant thereto. Authority is hereby granted to representatives of the Division of Fire Prevention to enter, examine, and inspect any premises, building, room or establishment used in connection with the certificate of registration for which I am applying. Any false statements or material misrepresentation on this application shall be cause for refusal to issue or renew or suspend or revoke a certificate of registration or license.

I attest under penalty of perjury that I am a United States citizen or a qualified alien pursuant to Tenn. Code Ann. § 4-58-102. I further attest that I understand that submitting false information or omitting pertinent or material information in connection with this application or any violation of the Eligibility Verification for Entitlements Act may result in the revocation of any license, registration, certification, or other benefit issued to the applicant. A person who willingly makes a false, fictitious, or fraudulent statement or representation of United States citizenship may be prosecuted under 18 U.S.C. § 911 and/or the False Claims Act, Tenn. Code Ann. §§ 4-18-101, *et seq.*

Signature of Applicant

Date

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The chief executive officer of the county or municipality or his or her designee must either (1) complete and sign the following statement or (2) the applicant can verify that the chief executive officer of the county or municipality or his or her designee has included the jurisdiction on the Consumer Fireworks Executive Signature List.

It is permissible to sell fireworks at the location identified on this application.

County: _____ Municipality (if applicable): _____

The Chief Executive Officer of my county or municipality has authorized the sale of fireworks in the jurisdiction by signing below.

Signature

Date

Printed Name

Title

The Chief Executive Officer of my county or municipality, by electing to be included on the Consumer Fireworks Executive Signature List, affirmed that the sale of fireworks in the county or municipality, respectively, is permissible.