

PENNSYLVANIA DEPARTMENT OF AGRICULTURE  
BUREAU OF RIDE & MEASUREMENT STANDARDS

Application for New & Renewal Consumer Fireworks Sales Facility License

Check One: <input type="checkbox"/> A Natural Person <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (please describe)		
Business Name(please print)		
Mailing Address		
City	State	ZIP
Phone Number	FAX Number	
E-Mail & Website		
Physical Address (if different from above)		
City	State	ZIP
Type of Operation <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal –	Opening Date	Closing Date
24/7 Contact Name	Phone Number	
FAX Number	E-Mail Address	

Please provide following information for all individual with ownership interest (including partnerships, associations, corporations, etc.). If more space is necessary please attach a blank sheet with the additional information. (please print)

Name	Title	
Address		
City	State	ZIP
Date of Birth	Social Security #	
Has the above person ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name	Title	
Address		
City	State	ZIP
Date of Birth	Social Security #	
Has the above person ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name	Title	
Address		
City	State	ZIP
Date of Birth	Social Security #	
Has the above person ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name	Title	
Address		
City	State	ZIP
Date of Birth	Social Security #	
Has the above person ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## A. Pennsylvania Department of Agriculture Information

The Applicant or any person may contact PDA at the following address for any purpose related to this application or any license issued pursuant to this application:

Pennsylvania Department of Agriculture  
Bureau of Ride and Measurement Standards  
ATTN: Bureau Director  
2301 North Cameron Street  
Harrisburg, PA 17110-9408

Telephone: 717-787-2291  
Fax: 717-783-4158  
E-mail: [nizettlemo@pa.gov](mailto:nizettlemo@pa.gov)  
E-mail: [wremmert@pa.gov](mailto:wremmert@pa.gov)

## B. Applicant's Acknowledgments.

The Applicant acknowledges the following:

1. The statutory authority for this license is the act of May 15, 1939 (P.L. 134) (35 P.S. §§ 1271 – 1277.1), as amended. The Applicant has been provided a copy of that statute within this licensure packet.
2. The referenced statute and any related statutes or attendant regulations may change after a license is issued. If this occurs, the statute or regulation supercedes any contradictory or inconsistent provision or requirement set forth in this application.
3. The Facility is in compliance with the act of November 10, 1999 (P.L.491, No.45), known as the "Pennsylvania Construction Code Act." Proof of that compliance, including proof that the Facility is exempt from any particular provision of the Pennsylvania Construction Code Act by virtue of it having been constructed at some time prior to the effective date of that statute, (such as a copy of a valid occupancy permit or a letter from local inspection officials or the Department of Labor and Industry) is attached as "**Attachment 1**".
4. The Facility shall remain in compliance with the Pennsylvania Construction Code Act at all times when the license is in effect. If the Facility is not in such compliance, the Applicant will notify PDA within 24 hours of learning of that noncompliant condition, advise PDA of the specific noncompliant condition and provide the timetable for rectifying this noncompliant condition.
5. The Facility is a stand-alone building. It is no larger than twelve thousand (12,000) square feet. This includes both storage and retail sales area.
6. When consumer fireworks are delivered to the Facility, they shall be unloaded in compliance with all applicable Federal, State and Local standards.
7. Storage areas in the Facility are separated from wholesale or retail sales areas to which a person may be admitted by appropriately rated fire separation.
8. The Facility is no closer than two hundred fifty (250) feet from any facility selling or dispensing gasoline, propane or other such flammable products. This 250-foot distance shall be measured by the shortest line from the exterior of the Facility building to any gasoline, propane or flammable product storage tank or dispensing device at a facility that sells or dispenses gasoline, propane or other such flammable products.
9. The Facility is located at least two hundred fifty (250) feet from any other facility licensed to sell consumer fireworks. This includes other facilities owned or operated by the Applicant.

10. The Facility has a monitored burglar and fire alarm system.
11. The Facility conducts quarterly fire drills.
12. The Applicant has contacted the primary fire department within which the Facility is located, and has fully apprised that fire department of the nature of the business to be conducted at the Facility. The Facility is in compliance with any preplanning meeting requirements imposed by that fire department.
13. During the life of a license issued under this application, the Applicant shall, at a minimum, have security personnel on the premises of the Facility for the seven (7) days preceding and including July 4 and for the three (3) days preceding and including January 2.
14. No smoking is permitted in the Facility.
15. No cigarettes or tobacco products, matches, lighters, or any other flame-producing devices are permitted to be taken into the Facility.
16. No minors are permitted in the Facility unless accompanied by an adult. If a minor is admitted in the company of an adult, the minor is required to stay with the adult at all times while in the Facility.
17. The Facility carries at least two million dollars (\$2,000,000) in public and product liability insurance. The insurance policy has been procured from an insurer or surety authorized to do business within the Commonwealth of Pennsylvania. The Applicant is responsible for assuring that the insuring company notifies PDA immediately upon cancellation or change of this insurance coverage. A valid certificate of insurance (not a photocopy or fax) is attached as "**Attachment 2**," naming PDA as an additional certificate holder for notification purposes, and evidencing proof of required insurance coverage. If the Applicant has more than one licensed facility and there is a single certificate of insurance covering more than one facility, the certificate shall reflect that there is at least \$2,000,000 in coverage with respect to each facility. Insurance coverage must be maintained for the duration of the license, failure to maintain coverage may be cause to suspend or revoke the license. It is the responsibility of the licensee to ensure the Bureau receives a current certificate of insurance from the insurance company before there is a lapse in coverage.
18. The Applicant provides its employees with documented training in the area of operational safety of the Facility. A PDA-issued form describing this training is attached as "**Attachment 3**".
19. No display fireworks are stored or located at the Facility.
20. No person who appears to be under the influence of intoxicating liquor or drugs is admitted to the Facility. No liquor, beer, or wine are permitted in the Facility.
21. No consumer fireworks or display fireworks shall be ignited within three hundred (300) feet of the Facility.
22. Emergency evacuation plans are conspicuously posted in appropriate locations within the Facility.
23. PDA may, as part of its consideration of this application, or in its role as licensor, request such additional information, access and records as are reasonably necessary to determining whether the Applicant or licensee is in compliance with the statute and the conditions of licensure. The Applicant will cooperate with PDA in this regard.
24. The Applicant agrees that, if a license is issued, the Applicant shall apprise PDA of any procedures, conditions or events that violate any of the acknowledgments made in this application.

25. If the Applicant is an individual, he/she has never been convicted of a felony criminal offense. If more than one person has an equitable ownership interest in the Applicant business, none of these persons has ever been convicted of a felony criminal offense.

26. If the Applicant has been issued a license relating to consumer fireworks by another jurisdiction, that issuer is listed as follows: \_\_\_\_\_

If any such license has been suspended or revoked by the issuing jurisdiction, an explanation of the suspension or revocation follows: \_\_\_\_\_

**C. License Fee and Attachments.**

A check or money order made payable to the "Commonwealth of Pennsylvania" in the amount of \$5,000, and bearing the Applicant's name, is enclosed with this application. In addition, the following documents are attached and incorporated herein by reference:

- 1. *Attachment 1:* Proof that the Facility is in compliance with the Pennsylvania Construction Code Act.
- 2. *Attachment 2:* Certificate of Insurance for the Facility.
- 3. *Attachment 3:* PDA Summary of Facility Employee Training Form.

Additional attachments, such as Corporate Resolutions or Partnership Agreements, may be required as part of the signature process, below.

**D. Signature.**

The signature of the Applicant below is legally sufficient to bind the Applicant. There are no misrepresentations or false statements in this document. All representations in this application are made subject to the criminal penalties for unsworn falsification to authorities (Pennsylvania Crimes Code, 18 Pa.C.S.A. § 4904).

*Select Appropriate Signature Section (based upon type of Applicant):*

**If the Applicant is an Individual Person:**

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Printed Name of Witness: \_\_\_\_\_

**If the Applicant is a Corporation and the *Corporate Officers* are signing:**

Complete Name of Corporation: \_\_\_\_\_

Signature of Corporate President or Vice President  
(indicate which): \_\_\_\_\_

Printed Name of Signer: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Signature of Secretary or Treasurer  
(indicate which): \_\_\_\_\_

Printed Name of Signer: \_\_\_\_\_

**If the Applicant is a Corporation and the *Authorized Representative* is signing:**

Complete Name of Corporation: \_\_\_\_\_

Signature of Authorized  
Corporate Representative: \_\_\_\_\_

Printed Name of Signer: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Printed Name of Witness: \_\_\_\_\_

*ATTACH A COPY OF A CORPORATE RESOLUTION GRANTING THE SIGNER AUTHORITY TO BIND THE CORPORATION.*

**If the Applicant is a Partnership, *all Partners* must sign:**

Name of Partnership: \_\_\_\_\_

**Signature of Partner:** \_\_\_\_\_

Printed Name of Partner: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**Signature of Partner:** \_\_\_\_\_

Printed Name of Partner: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**Signature of Partner:** \_\_\_\_\_

Printed Name of Partner: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**Signature of Partner:** \_\_\_\_\_

Printed Name of Partner: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**Signature of Partner:** \_\_\_\_\_

Printed Name of Partner: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**Signature of Partner:** \_\_\_\_\_

Printed Name of Partner: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

*ATTACH A COPY OF THE PARTNERSHIP AGREEMENT AND ALL DOCUMENTATION DEMONSTRATING IDENTITY OF PARTNERS.*