



Illinois Office of the State Fire Marshal
Pyrotechnic Licensing Division
1035 Stevenson Drive
Springfield, IL 62703-4259



Application to Register as a Consumer Fireworks Distributor or Retailer

Pursuant to the Pyrotechnic Use Act, 425 ILCS 35 (“Act”), no person may act as a consumer distributor or retailer or advertise or use any title implying that the person is a consumer distributor or retailer unless registered with the Office of the Illinois State Fire Marshal (OSFM). No consumer fireworks may be distributed, sold, transferred, or provided free of charge to an individual who has not been issued a permit in accordance with this Act or has not registered with the Office of the Illinois State Fire Marshal (OSFM). Apply online at <https://joportal.com/IL/Spa/Home> or submit it via email to SFM.PyroFireworks@illinois.gov. Please type or print the application. Original signatures or an authorized digital signature will be accepted.

1. Name/Address and Tax Identification Information

Name:	FEIN or Retail Tax number (or SSN for Sole Proprietorship) ¹ :
Registered Business Name:	Assumed Business Name:
Street Address:	
City/State/Zip Code:	
County:	Phone No.:
Email Address:	

2. All Applicants Must Submit the Following (check the boxes that apply):

- A list of the names and personal addresses of all owners or officers of the business, including a copy of each owner’s or officer’s drivers’ license or other state issued identification card that includes the date of birth and photograph. *Submit as Attachment A. (Required)*
- If the business operates under an assumed name (a name other than your own personal name), submit a copy of the assumed name certificate. *Submit as Attachment B. (Required only if your business name is a name other than your personal name. Example: John or Jane Doe DBA 4th of July Sparklers.)*
- The address of each location from which consumer fireworks will be distributed, sold, transferred, or provided free of charge. *Submit as Attachment C. (Required) NOTE: Each location must be registered separately.*
- OSFM will verify tax compliance with Illinois Department of Revenue via the Federal Employee Identification number, Retailer’s Occupational Tax number or SSN provided above.
- If the applicant does not pay taxes to the Illinois Department of Revenue, the applicant must provide a sworn Affidavit from the applicant or its tax preparer identifying why taxes are not paid and *submit as Attachment D. (Required only if you do not pay taxes to the Illinois Department of Revenue.)*
- Local Government Letter or Permit – A copy of the letter or permit issued by the local governmental authority authorizing the applicant to distribute, sell, offer for sale, exchange for consideration, transfer or provide free of charge “**Consumer Fireworks**” at the locations identified by applicant. **(Required) NOTE: If the letter or permit does not specifically state “consumer fireworks”, it will not be accepted by OSFM.** *Submit as Attachment E.*

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License Fee: DO NOT REMIT PAYMENT with this application. OSFM will invoice the applicant for the registration fee of \$50.00 per location when the application has been reviewed and approved.

If the application is not completed entirely and supporting documents are missing, the application will be denied.

Verification

I certify that I have read the Illinois Statutes 425 ILCS 35 (Pyrotechnic Use Act), and Rules 41 Ill. Admin. Code 235, and have reviewed the “Approved and Prohibited Consumer Fireworks and Unregulated Novelties” document. (The Office of the Illinois State Fire Marshal (“OSFM”) has posted copies of these documents on its website, <https://sfm.illinois.gov>.)

Additionally, I certify that I am authorized to sign this application on behalf of the applicant and that all information and documents submitted herewith are accurate, true, and complete. I further certify that during the term of the applicant’s registration, the applicant will maintain all registration requirements and qualifications, including, but not limited to, required insurance/financial responsibility, licenses, permits and certifications.

Signature:	Title:
Printed Name:	Date:

¹ The Identity Protection Act, 5 ILCS 179/1 *et seq.*, requires each local and State government agency to draft, approve, and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual’s Social Security Number (SSN). This statement of purpose is being provided to you because you have been asked by the OSFM to provide your SSN or because you requested a copy of this statement. You are being asked for your SSN for one or more of the following reasons: Internal verification and/or potential collection of fees, penalties, or fines. We will only use your SSN for the purpose for which it was collected. We will not: sell, lease, loan, trade, or rent your SSN to a third party for any purpose; Publicly post or display your SSN; Print your SSN on any card required for you to access our services; Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or Print your SSN on any materials that are mailed to you, unless state or federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.

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Attachment A – List of Owners or Officers²

**** Submit a copy of each owner's or officer's drivers' license or state issued ID.**

Owner's/Officer's Legal Name (First, Middle, Last):		
Title:	Phone Number:	
Home Address:		
City:	State:	Zip Code:
Date of Birth:	Driver's License Number:	

Owner's/Officer's Legal Name (First, Middle, Last):		
Title:	Phone Number:	
Home Address:		
City:	State:	Zip Code:
Date of Birth:	Driver's License Number:	

Owner's/Officer's Legal Name (First, Middle, Last):		
Title:	Phone Number:	
Home Address:		
City:	State:	Zip Code:
Date of Birth:	Driver's License Number:	

Owner's/Officer's Legal Name (First, Middle, Last):		
Title:	Phone Number:	
Home Address:		
City:	State:	Zip Code:
Date of Birth:	Driver's License Number:	

² "Officer" means:

if the business is a sole proprietorship, the owner of the business or any person exercising managerial control; or if the business is a partnership, any partner who has at least 10% ownership interest or any partner who exercises managerial control; or if the business is a corporation, any officer or director of the corporation or any person who has at least 10% ownership interest in such corporation or who exercises managerial control. (41 Ill. Adm. Code §235.20)

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**Attachment C – List of Locations from which Consumer Fireworks are Distributed,
Sold, Transferred, or Provided**

Business Name:		
Street Address of Business:		
City:	State:	Zip Code:
County:	Phone Number at Location:	
Date Distribution Begins:	Date Distribution Ends:	

Business Name:		
Street Address of Business:		
City:	State:	Zip Code:
County:	Phone Number at Location:	
Date Distribution Begins:	Date Distribution Ends:	

Business Name:		
Street Address of Business:		
City:	State:	Zip Code:
County:	Phone Number at Location:	
Date Distribution Begins:	Date Distribution Ends:	

Business Name:		
Street Address of Business:		
City:	State:	Zip Code:
County:	Phone Number at Location:	
Date Distribution Begins:	Date Distribution Ends:	

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Attachment C – Additional Locations Continued

Business Name:		
Street Address of Business:		
City:	State:	Zip Code:
County:	Phone Number at Location:	
Date Distribution Begins:	Date Distribution Ends:	

Business Name:		
Street Address of Business:		
City:	State:	Zip Code:
County:	Phone Number at Location:	
Date Distribution Begins:	Date Distribution Ends:	

Business Name:		
Street Address of Business:		
City:	State:	Zip Code:
County:	Phone Number at Location:	
Date Distribution Begins:	Date Distribution Ends:	

Business Name:		
Street Address of Business:		
City:	State:	Zip Code:
County:	Phone Number at Location:	
Date Distribution Begins:	Date Distribution Ends:	

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Attachment D - Sworn Affidavit

(NOTE: This affidavit must be completed by the applicant or the applicant’s tax preparer IF the applicant does **NOT** pay taxes to the Illinois Department of Revenue (DOR).)

STATE OF _____)
(Insert State of Residence)) SS.

COUNTY OF _____)
(Insert County of Residence)

AFFIDAVIT
IN SUPPORT OF APPLICATION TO
REGISTER AS A CONSUMER DISTRIBUTOR OR CONSUMER RETAILER

The undersigned individual, being duly sworn under oath, states and affirms as follows:

1. I am _____ (state your title) of _____ (name of Consumer Distributor / Retailer applicant), also referred to as “applicant”.
2. This Affidavit is made in support of the applicant’s application to register as a Consumer Distributor or Consumer Retailer with the Office of the Illinois State Fire Marshal(OSFM).
3. Complete a. and b. of paragraph 3.
 - a. The applicant does not pay taxes to the Illinois Department of Revenue (DOR).
Initial: _____
 - b. The applicant does not pay taxes to the Illinois Department of Revenue (DOR) because:

(You must identify why taxes are not paid.)

Initial: _____

4. Further affiant sayeth not.

Under penalties of perjury as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, 735 ILCS 5/1-109, the undersigned certifies that the statements set forth in this affidavit are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that she/she verily believes the same to be true.

Signature of Individual

Printed Name and Title of Individual

Printed Name of Consumer Distributor/Retailer Applicant

State of _____

County of _____

Signed or attested before me on the _____ day of _____,

20 ____ by _____ (name of individual).

SIGNATURE OF NOTARY PUBLIC

Seal: