RETAIL FIREWORKS LICENSE SOLD

VENDOR NAME: _____

LICENSE NUMBER: _____

TELEPHONE NUMBER: _____

DATE SUBMITTED to the STATE FIRE MARSHAL: _____

This form must be submitted to the State Fire Marshal's Office semiannually on January 31st and July 31st of each year. The report shall cover the preceding six month period.

License Number	**Name:** (Must have the name of the of the person who purchased the permit)	Date of Issue	Telephone	Address, City & ZIP	Retail Stand Physical Address, City & Zip