Application for South Dakota Wholesale Fireworks License

- * All information is to be typed or **printed** in ink.
- * Make checks payable to the Department of Public Safety or payment may be made by credit card.
- * Mail **<u>both</u>** copies of the application to:
 - State Fire Marshal's Office Fireworks Program 221 S Central Avenue Pierre SD 57501-2080
- * All applications must be received by January 1st or prior to any business transactions.
- * One Form **must be** completed for each business location or no license will be issued.

WHOLESALE LICENSE FEE: \$500.00

Name of Licensee	Address	City	State	Zip Code	
*(Responsible Party/Owner)	Address	City	State		
Mailing Address City (if different than above)		State	State Zip Code		
(if different than above)					
SD Sales Tax Number		Home Phone	Work Phone		
Social Security Number or I	Federal ID				
Number					
	Busines	s Data			
Notice: Fireworks outlet m			v . If within ci	ty limits,	
name the outlet and	address; if outside the	city limits, describe by roa			
and highway or farm	location.				
Location of Fireworks Stand		City (nearest)	City (nearest) Co		
I certify that the above information	ation is true and correct	t to the best of my knowled	hao and that	tho	
licensee named hereon will fu		2	0		
Fireworks. Further, I agree to	remit all taxes and fees	s as set forth by law and ru			
Department of Revenue and t	he Department of Publ	ic Safety.			
Date		Signature of Licensee			
	State of South Dake	ota Use Only			
FW License No.	Date	Issued			
-		Ву			
Sales Tax License No.		Checked By			