



Public Protection Cabinet
Department of Housing, Buildings and Construction
Division of Fire Prevention
 101 Sea Hero Road, Suite 100
 Frankfort, Kentucky 40601-5412
 Telephone: (502) 573-0382 Fax: (502) 573-1004

FIREWORKS REGISTRATION APPLICATION

Annual registration shall be received by the Division of Fire Prevention at least fifteen (15) days prior to offering fireworks for sale at the site listed below. An additional fee of \$100.00 is required for registrations submitted less than 15 days prior to offering fireworks sales. Check or money orders shall be made payable to the Kentucky State Treasurer and submitted with a completed application.

Type of Fireworks Registration Applying For:			
<input type="checkbox"/> Limited \$25.00 (sale of ground and hand-held sparking devices as described in KRS 227.702(1))			
<input type="checkbox"/> Seasonal Retailer \$250.00 (sale of ground and hand-held sparking devices, aerial devices and audible ground devices as described in KRS 227.702 from June 10 th to July 7 th or December 26 th to January 4 th)			
<input type="checkbox"/> Permanent Primary \$500.00 (sale of aerial devices and audible ground devices as described in KRS 227.702(2) and (3) year round sell of fireworks as the primary source of business)			
<input type="checkbox"/> Late Fee \$100 for registrations submitted less than 15 days prior to offering fireworks sales			

Name of Applicant			
Mailing Address			
City	State	Zip Code	Phone Number
Email Address		Anticipated Start Date of Fireworks Sales _____ to _____	

Facility Type: <input type="checkbox"/> Tent <input type="checkbox"/> Temporary Stand <input type="checkbox"/> Existing In Store Display Sales <input type="checkbox"/> New Building			
Name of Business/Temporary Stand		KY Sales & Use Tax Number (NOTE: a copy of sales and tax permit must be submitted before fireworks registration will be issued)	
Location of Business/Temporary Stand (Street Address Must be Provided)			
City	State	Zip Code	County

All information provided herein is accurate and true to the best of my knowledge.

Date: _____ Signature: _____ Title: _____

The completed registration application and applicable registration fee shall be submitted to the following:

Division of Fire Prevention
 Attn: Fireworks
 101 Sea Hero Road, Suite 100
 Frankfort KY 40601-5405

For Official Use Only			
Registration Number Issued	Amount Paid	Date Paid	Date Registration Issued

