

TED STRICKLAND
GOVERNOR

STATE OF OHIO
DEPARTMENT OF COMMERCE
DIVISION OF STATE FIRE MARSHAL
BUREAU OF TESTING AND
REGISTRATION
8895 E. MAIN STREET, P.O. BOX 529
REYNOLDSBURG, OHIO 43068
(614) 752-7126 FAX (614) 995-4206

KIMBERLY A. ZURZ
DIRECTOR

www.com.ohio.gov

MULTIPLE CHANGE APPLICATION FOR FIREWORKS EXHIBITOR

EXHIBITOR ID NO.	CHECK NO.
COMPANY ID NO.	CHECK AMOUNT.
ISSUE DATE	

_____ INDIVIDUAL NAME CHANGE

_____ INDIVIDUAL ADDRESS CHANGE

_____ FIREWORKS MANUFACTURER OR WHOLESALER ADDRESS CHANGE

_____ DUPLICATE LICENSE

FILING INSTRUCTIONS

- A. APPLICATIONS MUST BE TYPEWRITTEN OR NEATLY PRINTED.
- B. LOST OR ACCIDENTLY DESTROYED FIREWORKS EXHIBITOR LICENSE MAY BE REPLACED FOR A FEE OF \$10.00. THERE IS NO CHARGE FOR ADDRESS AND NAME CHANGES UNLESS A NEW LICENSE IS ISSUED.
- C. PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO: TREASURER, STATE OF OHIO

INDIVIDUAL INFORMATION

NAME: _____ SOCIAL SECURITY _____ - _____ - _____

ADDRESS: _____ PHONE: (____) _____ - _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY _____

COMPANY INFORMATION

NAME: _____ PHONE _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

STATE OF OHIO FIREWORKS MANUFACTURER OR WHOLESALER

IDENTIFICATION NUMBER: _____ - _____ - _____

SIGNATURE _____ DATE _____