



APPLICATION FOR OUT-OF-STATE SHIPPING PERMIT

Table with License Number and Sequence Number fields

FILING INSTRUCTIONS

- A. Application must be typewritten or neatly printed.
B. All documents must be originals.
C. Submit a non-refundable check/money order for \$2,750 payable to: Treasurer, State of Ohio
D. Application must be accompanied by a copy of the applicant's license or permit issued in his/her state of residence...
E. The lines provided below specifying the types of fireworks to be shipped into the state must be checked if applicable.
F. Attach a certificate of insurance for shipping fireworks pursuant to the Department of Transportation regulations.
G. Submit proof of out-of-state residency (e.g., copy of driver's license, state ID).
H. Applicant or any individual holding, owning, or controlling a five percent or greater beneficial or equity interest in the license, permit, or applying company cannot be convicted of, or have plead guilty to a felony under the laws of this state, another state or the United States of America. National Background check results for applying company officers must be submitted with the application.

COMPANY INFORMATION

Name of Company: Phone:

DBA:

Address: City: State: Zip:

Type of Fireworks to be Shipped (check all applicable boxes) 1.3 G 1.4 G 1.4 S 1.1 G

24 HOUR EMERGENCY CONTACT PHONE: CONTACT NAME:

NAME OF COMPANY REPRESENTATIVE MAKING APPLICATION (please use additional sheet for shareholders):

Email:

CERTIFICATION

STATE OF ss:

COUNTY OF:

I, under my oath (or affirmation) hereby certify that the information and documents set forth by me in this application are true and correct. I understand and will abide by the rules adopted by the fire marshal, pursuant to section 3743.58 of the Revised Code, for transporting fireworks, and that the applicant will ship all fireworks in accordance with the DOTn regulations.

SIGNATURE

Subscribed and sworn to before me this day of, 20.

My Commission Expires:

Signature of Notary

NOTARY SEAL



SHAREHOLDER INFORMATION

For the purpose of this form, "Controls" includes the ownership, a holding of, or other control of shares as either a beneficial or equity interest by the shareholder.

Each licensee must submit the following information for any entities that have any ownership interests, directly or indirectly, in the licensee listed in this section. Pursuant to R.C. 3743.70, this continuous chain of information must be provided until all individuals with any ownership interests (including those held, owned or controlled as a beneficial or equity interest) in the license have been fully described. If any shareholder is a corporation or other business entity, then the licensee must submit an additional Supplemental Shareholder Information Form for every such corporation or entity. Attach additional sheets as necessary.

COMPANY NAME: \_\_\_\_\_

SHAREHOLDER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Percent of total shares this owner controls \_\_\_\_\_ %

SHAREHOLDER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Percent of total shares this owner controls \_\_\_\_\_ %

SHAREHOLDER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Percent of total shares this owner controls \_\_\_\_\_ %