



Division of Fire and Life Safety  
**Life Safety Inspection Bureau**

5700 East Tudor Road, Anchorage, Alaska 99507

Phone: (907) 269-5637 | Fax: (907) 269-5018 | Email: amy.noket@alaska.gov

**Application for Fireworks Permit**

(Authority 2009 IFC Chapter 33, 13AAC 50.025 (74) – (84), and AS 18.72.020 – 040)

**Wholesale**

APPLICANT INFORMATION			APPLICANT BUSINESS INFORMATION		
Applicant Legal Name:			Business Name:		
Phone:	Date of Birth:	Social Security #:	Phone:		
Mailing Address:			Mailing Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:

SALES LOCATION INFORMATION		
<small>Under the provisions of 2009 IFC Chapter 33, 13AAC 50.025 (74) - (84), and AS 18.72.020 – 040 indicate location including city and state of where fireworks will be offered for sale</small>		
Physical Location:		
City:	State:	Zip Code:

FIREWORKS STORAGE INFORMATION	
<small>13AAC 50.025 (74) – (84), STORAGE OF DANGEROUS AND SALEABLE FIREWORKS BY A WHOLESALER, 2009 IFC Chapter 33, is adopted for regulating the storage and use of saleable fireworks by a wholesaler. Indicate whether the facility(s) have been inspected and approved by State and/or Local Fire Authorities.</small>	
Date of Last Inspection:	Approved By: State Local Fire Authorities

APPLICANT ACKNOWLEDGMENT	NOTARY USE
<i>I acknowledge and agree to the following:</i> <ul style="list-style-type: none"> <li>• Presently the fee for these permits is \$50.00 annually; and</li> <li>• Permits are issued to the person listed on the application and not the name of a company; and</li> <li>• Permits are only valid for each calendar year; and</li> <li>• I further certify the information supplied on this application is true and accurate to the best of my knowledge</li> </ul>	Subscribed and sworn to before me on this day:
	Notary Public in and for:
Applicant Signature	My Commission Expires:
Date	Seal

LSIB OFFICIAL USE		
Date received in office:	Processed date:	OA II approval:
Permit #:	Receipt #:	Next fee due: