

**Anchorage**

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**STATE OF ALASKA**

Department of Public Safety | Division of Fire and Life Safety

**LIFE SAFETY INSPECTION BUREAU**

5700 East Tudor Road, Anchorage, Alaska 99507



**Fireworks Wholesale Permit Application**  
Authority AS 18.72.020-040 | 13 AAC 50.025

\*ALL FIELDS REQUIRED

**\*Applicant Information:**

Legal Last Name:		First:		M.I.:	Suffix:
Physical or P.O. Box:			City:	State:	Zip Code:
Phone #:	Date of Birth:	Full SSN:	E-mail Address:		

**\*Business Information:** Under the provisions of AS 18.72.020-040 and 13 AAC 50.025 state that such fireworks will be offered for sale at:

Name:				
Physical or P.O. Box:		City:	State:	Zip Code:
Indicate whether the facility have been inspected and approved by State and/or Local Fire Authorities:			Date of last Inspection:	

13 AAC 50.025, STORAGE OF DANGEROUS AND SALEABLE FIREWORKS BY A WHOLESALER. 2012 IFC CHAPTER 56 IS ADOPTED FOR REGULATING THE STORAGE AND USE OF SALEABLE FIREWORKS BY A WHOLESALER.

**\*Applicant Signature and Date:**

I acknowledge, agree, and certify the following:

- As an applicant for a fireworks permit, I declare under penalty of perjury that I have read and am familiar with AS 18.72.020-040 and 13 AAC 50.025, and that this application is true and correct;
- I certify that I will comply with all statutes, ordinances, and regulations pertaining to the authorized use of my permit, and I understand that violation of any of these laws is grounds for suspension or revocation of my permit;
- Currently the fee for this permit is \$50.00 annually. Please make check payable to State of Alaska;
- Permits are valid for the calendar year; **and**
- Permits are issued to the person listed on the application and not the name of a company

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

OFFICIAL USE ONLY	
Date application received:	
Entry date to Hansen:	
Permit #:	
Receipt #/Next fee date:	
Date/Time permit e-mailed:	