



West Virginia State Fire Marshal's Office  
Regulatory & Licensing Division

Application for Consumer Fireworks Certificate  
**TEMPORARY**

WV State Fire Marshal's Office  
Regulatory and Licensing  
1700 MacCorkle Ave SE, 4<sup>th</sup> Floor North  
Charleston, WV 25314  
Phone: (304) 558-2191

Updated 09/2023

## Important Information

- All requirements of 103CSR4 & NFPA 1124 Edition 2006, SHALL be complied with.
- It is recommended that the Wholesaler, Distributor, or Importer assist with this application packet.
- Please submit the application at least 60 days prior to the planned start of operations.
- A separate application is required for **each** location in which consumer fireworks are sold. In addition, all required documents must be submitted with **each** application.
- Submission of the application does not authorize the applicant to engage in the requested activity. **You must obtain the actual Permit before commencing operations.**
- Processing of the application will be delayed if this application and other forms are incomplete.
- No permits will be issued same day.
- A separate Business Registration Account Number and Certificate (business license) is required for each location (address) in which consumer fireworks are sold. These are issued by the **WV Department of Tax and Revenue**. The physical address of the CRFS location **must match** the address on the business registration certificate.
- The projected opening date is used to generate the permitted dates of operation. **No operations can be conducted before or after the permitted dates.**
- All Wholesalers/Distributors/Importers must hold a valid permit to sell Consumer Fireworks issued by the Office of the State Fire Marshal.
- All property Owners/Landlords must authorize use of the property for the sale and storage of consumer fireworks.
- The affidavit for Consumer Fireworks Certificate must be notarized. **The Office of the State Fire Marshal will not provide a notary.**
- A separate Outdoor Storage Unit Application must be filled out for each outdoor storage unit. This form is located on the next to last sheet of the application.

- On the insurance certificate, the physical address of the sales location must be in the description of operations/locations if it does not match the address of the insured.
- The Temporary CFRS/Magazine self-checklist is provided to assist with compliance rules. Complete, sign, and keep with your own records for review. **The self-checklist is not required to be turned in with this application.**
- If the application is approved, you will receive a certificate via email. If the application is denied, we will advise the applicant the reason(s) for denial.
- Approved Temporary CFRS locations will be given a permit that is valid for approximately 3 months (90 days).
- CFRS shall post a CFRS Certificate within 5 Feet of every public entrance.
- All Temporary CFRS locations will be inspected by the Office of the State Fire Marshal during your permitted 3 months.
- **The Office of the State Fire Marshal must immediately be notified within 24 hours of any lost, stolen, or unaccounted for fireworks, pyrotechnics, or explosive materials of 500 lbs. gross weight and over.**

## Required Fees

- A non-refundable, **\$40.00** Application and Review fee.
- A non-refundable, **\$100.00** (per unit, If applicable) Outdoor Storage Unit fee.
- A non-refundable, **\$500.00** certification fee.

Fees are payable via Check or Money Order only.

Make payable to the WVSFMO.

The agency does not accept cash, debit, or credit cards.

# Instructions

- Please complete the application legibly in print and in **blue or black** ink or using a computer.
- In addition to the completed application, the applicant must submit:
  1. A Completed and signed Outdoor Storage Unit Application(s) (If Applicable)
  2. All Required Fees
  3. A copy of your WV Business Registration Certificate (Business License) issued by the **WV Department of Tax and Revenue**.
  4. A copy of your current Public Liability and Product Liability insurance certificate (\$1,000,000.00 minimum).
  5. A complete proposed inventory of all Consumer Fireworks to be sold and/or stored at this location.
  6. A detailed sales floor layout noting exit routes and CFRS sales area.
  7. A Google Earth or similar style Site Plan showing the Temporary CFRS location noting separation distances and all outdoor storage in reference to any landmarks or roadways.



**Application for West Virginia  
TEMPORARY  
Consumer Fireworks  
Retail Sales (CFRS)  
(Certificate is Non-Transferrable)**

|                 |
|-----------------|
| Office Use Only |
|                 |

Be sure that all sections of this application are completed legibly and in print.

**Please read the Important Information and Instructions carefully before completing this application.  
\*\*All Fields Required\*\***

|                 |        |  |       |     |     |
|-----------------|--------|--|-------|-----|-----|
| Owner Name      |        |  |       |     |     |
| Mailing Address | Street |  |       |     |     |
|                 | City   |  | State |     | ZIP |
| Owner Phone #   | Main   |  | Cell  |     |     |
| Email Address   |        |  |       | Fax |     |

|                            |      |  |                |  |
|----------------------------|------|--|----------------|--|
| CFRS Responsible Person    |      |  | Title          |  |
| Responsible Person Phone # | Main |  | Cell           |  |
| Email Address              |      |  | Fax #          |  |
| Driver's License Number    |      |  | State of Issue |  |

|   |        |        |         |                        |          |        |          |
|---|--------|--------|---------|------------------------|----------|--------|----------|
| Consumer Fireworks Retail Store Name (CFRS)             |        |        |         |                        |          |        |          |
| Dba (if different from above)                           |        |        |         |                        |          |        |          |
| CFRS WV Business Registration Account #                 |        |        |         | CFRS County            |          |        |          |
| CFRS Physical Location Address                          | Street |        |         |                        |          |        |          |
|   | City   |        | State   |                        | ZIP      |        |          |
| CFRS Phone #  | Main   |        | Fax     |                        |          |        |          |
| CFRS GPS Coordinates                                    | LAT    |        | LONG    |                        |          |        |          |
| CFRS Scheduled Dates and Times for Sales                | Sunday | Monday | Tuesday | Wednesday              | Thursday | Friday | Saturday |
|   |        |        |         |                        |          |        |          |
| Time and Date when the Operator and Product will arrive |        |        |         | Projected Opening Date |          |        |          |

|  |             |            |            |
|--|-------------|------------|------------|
| The number of Exits in this CFRS facility.<br>Must have <b>3</b> in Accordance with<br><b>NFPA 1124 7.3.14</b>                             | _____ Front | _____ Back | _____ Side |
| <b>Wholesaler/Importer/Distributor must have a valid permit to sell consumer fireworks issued by the Office of the State Fire Marshal.</b> |             |            |            |
| Wholesaler/Importer/Distributor Name   |             |            |            |
| WVSFM Permit No.   |             |            |            |

|   |  |      |  |
|---|--|------|--|
| <b>Any false information provided in this application shall result in revocation of the permit</b>  |  |      |  |
| <b>This application and the information contained here-in are true and correct. I am aware that any false statements made herein may result in revocation of my registration and may be subject to criminal proceedings in accordance with West Virginia State Code. I am aware that I must obey all procedures in accordance with 103CSR4 &amp; NFPA 1124 Edition 2006, and failure to do so may result in receiving citations issued by the Office of the State Fire Marshal.</b> |  |      |  |
| Signature Owner   |  | Date |  |
| Signature Responsible Person  |  | Date |  |
| <b>Property Owner/Landlord(s) Authorization for CFRS</b>  |  |      |  |
| Signature   |  | Date |  |

|                         |
|-------------------------|
| <b>FEE COMPUTATION:</b> |
|-------------------------|

|                                     |  |            |          |
|-------------------------------------|--|------------|----------|
| Outdoor Storage Units (If Required) |  | x \$100.00 |          |
| Business locations registered       |  |            | \$500.00 |
| Application Fee                     |  |            | \$40.00  |

- REMINDER:**

- Please be aware that there is a non-refundable, **\$40.00** application and review fee.
- Please be aware that there is a non-refundable, **\$100.00** Outdoor Storage Unit fee (per unit, if applicable).
- Please be aware that there is a non-refundable, \$500.00 certification fee.



**Department of Homeland Security**

Cabinet Secretary Mark A. Sorsaia  
State Fire Marshal Kenneth E. Tyree, Jr.

Phone: (304) 558-2191

Fax: (304) 558-2537

**OFFICE OF THE STATE FIRE MARSHAL**

1700 MacCorkle Ave SE, 4<sup>th</sup> Floor North  
Charleston, WV 25314  
[www.firemarshal.wv.gov](http://www.firemarshal.wv.gov)

**AFFIDAVIT FOR CONSUMER FIREWORKS CERTIFICATE  
PERMANENT & TEMPORARY CONSUMER FIREWORKS RETAIL SALES (CFRS)**

**RETAIL SALES LOCATION - Consumer fireworks will be sold from the following retail sales**

PERMANENT

TEMPORARY

Retail Sales Location Name:

Street Address:

County:

City:

Zip Code:

**RETAIL SALES**

The above-identified retail sales location SHALL include the following:

- 1) Completed application.
- 2) GPS Location.
- 3) The Wholesaler/Distributor/Importer name and permit number issued by the WVSFMO.
- 4) Property Owner's signature authorizing Consumer Fireworks to be sold on their property.
- 5) Completed Outdoor Storage Unit Application(s) if applicable.
- 6) Completed Permit Mailing Address Verification Form.
- 7) Required fees.
- 8) A copy of the Business Registration Certificate (Business License) issued by the Department of Tax and Revenue.
- 9) A copy of Public Liability and Product Liability Insurance (\$1,000,000.00 dollar minimum).
- 10) A list of the Proposed Inventory of Consumer Fireworks.
- 11) A detailed sales floor layout noting exit routes and CFRS sales area.
- 12) Google Earth or similar style Site Plan showing the CFRS location noting separation distances and all outdoor storage in reference to any landmarks or roadways.
- 13) For Permanent CFRS Only: A copy of the Electrical Inspection Report (unless exempt from the requirements of NFPA 1124).

The above-identified retail sales location MUST immediately notify the Office of the State Fire Marshal within 24 hours of any lost, stolen, or unaccounted for fireworks, pyrotechnics, or explosive materials of 500 lbs. gross weight and over.



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**AFFIDAVIT FOR CONSUMER FIREWORKS CERTIFICATE  
PERMANENT & TEMPORARY  
CONSUMER FIREWORKS RETAIL SALES (CFRS)**

**SIGNATURE AND CERTIFICATION FROM RESPONSIBLE PERSON**

**UNDER PENALTY OF PERJURY, REVOCATION OF CERTIFICATE AND SEIZURE OF ALL CONSUMER FIREWORKS:  
THE UNDERSIGNED HEREBY CERTIFIES THAT HE OR SHE IS A RESPONSIBLE PARTY WITH PERSONAL  
KNOWLEDGE IN REGARD TO THE FOREGOING STATEMENTS AND THAT THE FOREGOING STATEMENTS ARE TRUE.**

**Responsible Person**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

I certify this to be a complete, exact, and true copy of the original document.

Certified this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. (SEAL)

Notary Name Here, Notary Public

My Commission Expires \_\_\_\_\_

**This Affidavit and all Required Forms shall be mailed to:  
West Virginia State Fire Marshal's Office  
Regulatory and Licensing  
1700 MacCorkle Ave SE, 4<sup>th</sup> Floor North  
Charleston, WV 25314**



## CONSUMER FIREWORKS OUTDOOR STORAGE UNIT APPLICATION

(Please complete one for each outdoor storage unit that is currently storing consumer firework materials at this site)

IMPORTANT REMINDER:

**In accordance with 103CSR4 and NFPA, a permit holder shall immediately notify the Office of the State Fire Marshal within 24 hours of any lost, stolen, or unaccounted for fireworks, pyrotechnics, or explosive materials of 500 lbs. gross weight.**

PLEASE PRINT OR TYPE THE INFORMATION LEGIBLY:

|   |                             |
|---|-----------------------------|
| WV State Fire Marshal's Office Permit No.<br>(office use only please leave blank)               |                             |
| Outdoor Storage Permit No.<br>(office use only please leave blank)                              |                             |
| Outdoor Storage Location  |                             |
| Unique GPS coordinates for this magazine*   |                             |
| Outdoor Storage Unit Owner  |                             |
| Inventory of Fireworks stored in this unit<br>(Please List All)<br><br>Add Attachment If Needed |                             |
| Actual Amount of Fireworks in this unit   | _____ lbs.      _____ cases |

|   |  |      |  |
|---|--|------|--|
| Name & Title                                      |  |      |  |
| Signature Responsible Person                      |  | Date |  |
| Property Owner/Landlord(s) Authorization for CFRS |  |      |  |
| Name & Title                                      |  |      |  |
| Signature   |  | Date |  |

\* GPS COORDINATES MUST BE IN **NAD83** FORMAT.

To obtain the NDA83 format, you may visit any website that will convert Longitude and Latitude components into the proper format. Example website: [www.apsalin.com/nad-conversion.aspx](http://www.apsalin.com/nad-conversion.aspx)

**Please make additional copies as needed**

## Email Address Verification Form

If the application is approved, you will receive your permit via email.

Please fill out the form below indicating the email address the permit should be sent to.

|               |  |
|---------------|--|
| Name          |  |
| Email Address |  |

## Mailing Address Verification Form

The WVSFMO is currently in the process of updating all mailing addresses on file.

Please fill out the form below to ensure the agency may update our records accordingly.

|                 |  |          |  |
|-----------------|--|----------|--|
| Name            |  |          |  |
| Mailing Address |  |          |  |
| City            |  |          |  |
| State           |  | Zip Code |  |