



**Department of Commerce**

Division of State Fire Marshal

**Multiple Change Application For Fireworks Exhibitor**

<b>Exhibitor Id No.</b>	<b>Check No.</b>
<b>Company Id No.</b>	<b>Check Amount.</b>
<b>Issue Date</b>	

- \_\_\_\_\_ **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** \_\_\_\_\_