Fireworks Vendor Instructions

All sale sites must conform to the Rhode Island Fire Code, NFPA 1 chapter 65.11 “sale, handling and storage of consumer fireworks”.

1) Bring a site plan to the Building Department showing the location of the tent, number of required parking spaces for the existing business and required parking spaces for the fireworks retail business.

2) Bring the Request sheet to the Fire Department for their approval.

3) Your sale location must be inspected by the Warwick Fire Department

4) Once Fire has approved your location (paperwork has been signed) you may return that form with the Itinerant Vendor application to the Licensing Unit to be processed.

5) When submitting all paperwork to the Licensing Unit be sure to include a copy of your “Permit to Make Sales At Retail” from the Rhode Island Division of Taxation.

Revised: April 30, 2013
TO: Warwick Fire Department  
(401) 468-4050

REQUEST FOR FIREWORKS VENDOR

NAME OF APPLICANT: ____________________________________________

LOCATION: (ADDRESS) ___________________________________________

TELEPHONE NUMBER: ____________________________________________

OWNER OF PROPERTY (NAME) ______________________________________

______________________________  
ATTACH A PERMISSION LETTER FROM PROPERTY OWNER

PLAT# _______________  LOT # _______________

This completed form must be returned to the WPD Licensing Division. 
Any questions, contact us (401) 468-4340 or (401) 468-4341.  
Or email us: wpdlicense@warwickri.com or wpdalarm@warwickri.com

OFFICE USE ONLY:

APPROVE: _____  DENIED: _____
City of Warwick
Board of Public Safety
Itinerant Vendor Application

License Fee - $350.00

Name of Applicant: __________________________ Date of Birth: ______________
Resident Address: __________________________ Phone No: ________________
Name of Business: __________________________
Business Address: __________________________ City: ______________ State: ______

If Incorporated, Fill In The Following:

President: __________________________ Address: ______________ DOB ______
Vice Pres: __________________________ Address: ______________ DOB ______
Secretary: __________________________ Address: ______________ DOB ______
Treasurer: __________________________ Address: ______________ DOB ______

Has applicant ever been arrested? Yes ___ No ___
Has Officer/Member of Corporation ever been arrested? Yes ___ No ___
Has applicant ever been indicted for any offense? Yes ___ No ___
Has Officer/Member of corporation ever been indicted? Yes ___ No ___

If answer is “yes” to any of the above questions, please explain below:

Date(s) of sale: __________ Time(s): ______ Location: ______________

I HEREBY SWEAR UNDER OATH THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Applicant’s Signature __________________________ Title: __________________________

Subscribed and sworn before me this _______ day of _____________, 200____
In: _______________________ County, City of: ______________________, State: ______________

NOTARY PUBLIC ____________________________ SEAL

OFFICE USE ONLY:

B.C.I. ____________ Rhode Island Show Permit / Sales Permit ____________
License Number: ________ Date Picked Up / Mailed: ________________
List an inventory of all goods, wares, and merchandise to be sold. Also list the established retail price of all goods, wares, and merchandise. Names of persons you purchased these goods, wares, and merchandise from to include the dates purchased. List all details to fully identify the goods, wares, and merchandise be sold. This license issued by the city of Warwick will expire on the same date and time as the state license.

<table>
<thead>
<tr>
<th>Name of Merchandise</th>
<th>From Whom Purchased</th>
<th>Date Purchased</th>
<th>Retail Price</th>
</tr>
</thead>
</table>

Please Make Checks Payable To: City Of Warwick

And return to: Warwick Police Department
Attn: Licensing Division
99 Veterans Memorial Drive
Warwick RI 02886-4617
(401) 468-4340 or (401) 468-4341

Email us: wdfdlicens@warwickri.com or wfordalarm@warwickri.com