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Business Credential Application

Remit to:
State of Wisconsin
Department of Commerce-Credentialing
P.O. Box 78780
Milwaukee WI 53293-0780
Phone (608) 261-8467
TDD #: (608) 264-8777 7:45 a.m. - 4:30 p.m.
E-mail: madisoncred@commerce.state.wi.us

If you do not want your business phone number listed on our website, please check the box.

Instructions:

- 1. Complete the application; sign and date the form.
- 2. Enter the FEIN number of business or social security number of applicant.
- 3. Attach the specified fee and any documents specified on the following pages. Make checks payable to: Department of Commerce.
- 4. If this form was pre-printed with your business, please review and clearly print corrections or new information where needed in red ink.
- 5. **Make a photocopy of the completed application for your records.**

Business Information	
Federal Employer Identification Number (FEIN):	
Business Name:	
No. & Street, or P.O. Box:	
City, Town or Village, State, Zip + 4 Code:	
Country, If Other Than United States:	
Business Telephone No. (include area code):	
If Available, Business Fax No. (include area code):	

Contact Person Information *	
Social Security Number:	
Individual's Name :	
Address No. & Street, or P.O. Box:	
City, Town or Village, State, Zip + 4 Code:	
Country, If Other Than United States:	
Telephone No. (include area code):	

By signing below, the applicant swears that all information provided on this application is true, accurate and that the credential requirements are met.

*The individual applying for a business credential shall be the owner of the contracting business, a partner in the contracting business applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of the contracting corporation.

Applicant's Signature

Date (mo/day/yr)

Send application and payment to: State of Wisconsin, Department of Commerce-Credentialing, P.O. Box 78780, Milwaukee, WI 53293-0780

Overnight mail delivery and Office location: State of Wisconsin, Department of Commerce-Credentialing, 201 W. Washington Ave., Madison, WI 53703

All other correspondence: Wisconsin Department of Commerce, Safety & Buildings Div., P.O. Box 7082, Madison, WI 53707

FIREWORKS MANUFACTURER LICENSE

Credential Fee (nonrefundable): \$70.00 class code 8262

Make checks payable to: Department of Commerce. The credential will be effective for 4 years from the date of issuance.

* **Notice** Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.

Reason for Credential: Pursuant to s. 167.10 (6m), Stats., no person may manufacture fireworks or a listed device in this state unless the person holds a credential issued by the department as a licensed fireworks manufacturer.

Requirements of Credential: A fireworks manufacturer license shall be obtained and held for each plant where fireworks or listed devices are to be manufactured. The address of the plant shall be the same as the address filled in under the business information. A fireworks manufacturer license shall be posted at each plant where fireworks are to be manufactured.

Qualifications for Credential: A person applying for a license as a fireworks manufacturer shall attach to this form a photocopy of the following:

1. A federal license issued under 18 USC Chapter 40 Section 843.
2. An inspection report from Safety & Buildings Division that says the fireworks manufacturer plant had an acceptable inspection completed within sixty days of the date the division receives the application.

The Federal Department of the Treasury, Bureau of Alcohol, Tobacco and Firearms (ATF) issues the federal license. Please contact the ATF to obtain the federal license. Your federal representative or senator may have the phone number for the ATF. The federal license must contain the name of the person who is applying on behalf of the business and the expiration date of the federal license shall be sometime in the future.

In order for the inspection report to be acceptable, the inspection report shall contain all of the following information:

- name and address of the plant;
- name of Safety & Buildings staff person who did the inspection;
- date of the inspection; and
- a statement explaining that the plant met all the requirements of ch. Comm 9, and ch. 167.10, Stats.

The inspection is considered to be the first step in the application process. To schedule an inspection contact one of the following Safety & Buildings Division staff:

City	Phone	Name
Green Bay	(414) 687-0483	Patrick Murphy
Madison	(608) 261-2503	Dave Vriezen

Note: Chapter Comm 9, Wisconsin Administrative Code requires an inspection of the fireworks manufacturing plant at least once a year. Once a fireworks manufacturing license is issued the division will notify the plant when an inspection is needed.
