



# OKLAHOMA RETAIL FIREWORKS REGISTRATION APPLICATION

_____ <b>Business Name</b> (same as Part 5, Item 1)	_____ <b>FEIN/SSN</b>
--	--------------------------

**PART 1 - INDICATE THE REASON(S) FOR FILING THIS FORM:**

**A** New Business                     
  **B** Additional License/Permit  
 **C** Other (explain) \_\_\_\_\_

**PART 2 - CONTACT INFORMATION:**

1. Business Phone: (        ) \_\_\_\_\_

2. Business Fax:     (        ) \_\_\_\_\_

3. Name: \_\_\_\_\_

4. Email Address: \_\_\_\_\_

**PART 3 - OWNERSHIP TYPE:**

1. **How is this business owned?**

**A** Individual (Sole Proprietor)\*   
  **B** General Partnership           
  **C** Limited Partnership  
 **D** Oklahoma Corporation           
  **E** Foreign Corporation           
  **F** Limited Liability Company  
 **G** Other (explain) \_\_\_\_\_

2. **Federal Employer's Identification Number (FEIN):** \_\_\_\_\_

3. **Name of Individual, Partnership, Corporation or Limited Liability Company:**

\_\_\_\_\_

**Social Security Number, if individual:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

4. **Physical Location of Entity:** \_\_\_\_\_  
(street and number or directions, not post office box or rural route)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

5. **Name(s) of Partner/Responsible Corporate Officer/Managing Member:** (see instructions)  
**(If Social Security Number is not provided below, the application will be returned for completion.)**

_____	_____	_____	_____	_____
<small>First Name</small>	<small>Middle Initial</small>	<small>Last Name</small>	<small>Social Security Number</small>	<small>Title</small>

_____	_____	_____	_____
<small>Mailing Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

**Attach separate sheet if necessary.**

**PART 4 - WAGE WITHHOLDING TAX:**

1. Do you now or do you intend to withhold Oklahoma Income Tax from employees? .....  Yes     No

(a) If "yes" on item 1, do you expect to withhold more than \$500 per quarter?.....  Yes     No

(b) If "yes" on item 1, date you will begin/began withholding Oklahoma Income Tax: \_\_\_\_\_  
(month/day/year)

(c) Are you required to make federal withholding tax deposits more frequently than once a month? .....  Yes     No

2. What FEIN will you use to report withholding tax? (if different than Part 3, Item 2)      -



# OKLAHOMA RETAIL FIREWORKS REGISTRATION APPLICATION

**Business Name:** \_\_\_\_\_  
 (same as Part 5, Item 1)

**FEIN/SSN:** \_\_\_\_\_

For multiple locations,  
 indicate the number  
 of copies attached:

**PART 5 - PHYSICAL LOCATION AND CLASSIFICATION INFORMATION:**

1. Trade Name of Business (DBA): \_\_\_\_\_

2. (a) Physical Location of Fireworks Stand: \_\_\_\_\_  
**Street and Number or Directions** (Do not use post office box or rural route number)

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

(b) Is the physical location of the business inside the city limits? .....  Yes  No

3. Entity Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Entity Fax ( \_\_\_\_\_ ) \_\_\_\_\_  
 Entity Email: \_\_\_\_\_

4. Are all the sales made inside the city limits of the city listed above? .....  Yes  No

5. Are all the sales made inside the county limits of the county listed above? .....  Yes  No

**PART 6 - SALES AND USE TAX:**

1. If you currently hold or have previously held an Oklahoma Sales Tax Permit please list number(s):

Sales Tax: _____	Sales Tax: _____
Sales Tax: _____	Sales Tax: _____
Sales Tax: _____	Sales Tax: _____

2. Date of first sales subject to sales in Oklahoma ..... (month/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PART 7 - SIGNATURE: A sole owner, general partner, corporate officer or authorized representative must sign this application.**

I, the undersigned applicant or authorized representative, declare under the penalties of perjury that I have examined this application and attachments and, to the best of my knowledge, the facts set forth are true and correct, and that the requirements hereunder will be carried out in accordance with the laws of the State of Oklahoma and the rules and regulations of the Oklahoma Tax Commission. I further acknowledge and agree that withholding taxes are trust funds for the State of Oklahoma and that any use of these trust funds other than timely remittance to the State of Oklahoma is embezzlement and can result in criminal prosecution.

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title

Mandatory inclusion of Social Security and/or Federal Employer's Identification Numbers are required on forms filed with the Oklahoma Tax Commission pursuant to Title 68 of the Oklahoma Statutes and regulations thereunder, for identification purposes, and are deemed part of the confidential files and records of the Oklahoma Tax Commission. The Oklahoma Tax Commission is not required to give actual notice of changes in any state tax laws.

**PART 8 - FEES:**

**Notice: All registrations and license fees must be paid with the Business Registration Application. Failure to include the fees will delay processing of your application. Refer to the "Instructions and Definitions" on Page D of this application for further information regarding fees.**

Please check ( ✓ ) the appropriate box(es) for each license and/or permit that you are applying for and enter the applicable fee amount in the "Total" column at the far right.

License or Permit Type	Basic Fee (each)	Tax Code	Total
<input type="checkbox"/> 1. Retail Fireworks Sales Tax Permit .....	\$ 20.00 .....	SLP .....	\$ .....00
<input type="checkbox"/> 2. Retail Fireworks Sales Tax Permit for Additional Locations: (Number of Locations _____ ) @ \$ 10.00 .....	SLP .....	\$ .....00	\$ .....00
Make Checks Payable to: Oklahoma Tax Commission. <b>TOTAL AMOUNT DUE</b> .....			\$ .....00



# AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

All sole proprietors applying for a business permit or license with the Oklahoma Tax Commission are required, by the provisions of 56 O.S. Supp 2007 Section 71, to provide the Commission with verification of lawful presence in the United States by executing the Affidavit below before a notary public or other officer authorized to notarize affidavits under State law.

 **This affidavit must be returned with your license/permit application.**

State of Oklahoma

County of: \_\_\_\_\_

I, \_\_\_\_\_ being of lawful age, state under penalty  
print name

of perjury, as follows:

Please check the appropriate box(es)

My Social Security Number is: \_\_\_\_\_

My Individual Tax Identification Number is: \_\_\_\_\_

I am a United States Citizen.

I am a qualified alien under the Federal Immigration and Nationality Act and am lawfully present in the United States.

My Alien Registration Number (A#) or I-94 Number is: \* \_\_\_\_\_

Date of Birth: \* \_\_\_\_\_

I state under penalty of perjury under the laws of Oklahoma the foregoing is true and correct and I have read and understand this form and executed it in my own hand.

Signature of Applicant \_\_\_\_\_

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ ,

by \_\_\_\_\_ (applicant name - please print).

Notary: \_\_\_\_\_

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

My Commission Number: \_\_\_\_\_

\*Either the A# or the I-94 number, and date of birth must be provided. The Alien Registration Number (A#) and the I-94 (arrival/departure) numbers are issued by the U.S. Citizenship and Immigration Service.

<b>Official Use Only:</b>		
Homeland Security Verified: _____	Date: _____	Initials: _____
OTC Signature Witness: _____	Date: _____	

# OKLAHOMA RETAIL FIREWORKS REGISTRATION APPLICATION INSTRUCTIONS

## **Page A - Part 1: Reasons for Filing this Form**

Check the appropriate box:

- A. New Business. Check this box if you are opening a new business and do not have permits or licenses.
- B. Additional licenses/permits. Check this box if you have a license/permit and are applying for other licenses/permits (Example: You purchased an additional business for which you will need licenses/permits).
- C. Other. If you checked "other" explain your reason for filing this form.

## **Page A - Part 2: Contact Information**

Items 1 through 4. Please provide the business phone, fax number, name and email address where the applicant can be contacted.

## **Page A - Part 3: Ownership Type**

1. Check the box which indicates how your business is owned.

\* Individual (Sole Proprietor): The business is owned by one individual. If you are a Sole Proprietor you must complete the Affidavit Verifying Lawful Presence in the U.S. (Page C). The affidavit must be signed and notarized. The affidavit must have your Social Security Number, or Individual Tax Identification Number and Alien Registration Number (A# or I-94). If you are changing entities from a corporation, LLC, or partnership to a sole proprietor, you must complete the affidavit. If you are a sole proprietor, your registration application can not be processed without a properly executed affidavit.

**Note:** The affidavit is required by the Oklahoma Taxpayer and Citizen Protection Act, specifically Title 56 O.S. Supp. 2007, Section 71.

2. Federal Employer Identification Number (FEIN). You must have an FEIN if you:
  - Pay wages to one or more employees or;
  - Are a corporation, trust, estate, general or limited partnership, limited liability company, or non-profit organization (church, club, etc.).
3. Name of Owner. If you are a/an:
  - Individual ..... Print your last name, first name, middle initial and social security number.
  - Partnership.....Print the name of partnership.
  - Corporation.....Print the corporate name as it appears on the Articles of Incorporation or Domestication.
  - Limited Liability Company.....Print the entity name as it appears on the Articles of Organization.
  - Other..... Print the name of the business entity.Provide the Social Security Number, if individual.  
Provide the mailing address of your business.
4. Provide the physical location of the Entity. Use street and number or driving directions. Do not use a post office box or rural route.
5. Name of Partner, Responsible Corporate Officer or Managing Member:

**Please Note:** Social Security Numbers are required by OTC Rule 710:1-3-6. To list multiple names attach a separate sheet. If a Social Security Number is not provided, the application will not be processed and will be returned for Social Security Numbers.

Print the first name, middle initial and last name, social security number, title and residence and post office mailing address for one partner, responsible corporate officer, or managing member responsible for the reporting and remittance of taxes.

## **Page A - Part 4 Wage Withholding Tax**

Items 1 and 2. Complete if your business employs or will employ one or more individuals in the State of Oklahoma. If not, go to Part 5.

## **Page B:**

Enter business name (Part 5, Item 1) and FEIN or SSN at the top of the page.

## **Page B - Part 5: Physical Location and Classification Information**

If you operate more than one location in Oklahoma, separate pages B, Parts 5 and 6 must be completed for each location. In the upper right corner of page B, indicate the number of copies attached.

1. Enter the trade name or DBA of business (Example: Joe's Fireworks Stand).
  - 2a. Enter the physical location of the Fireworks Stand, including the county. Do not use post office boxes or rural route addresses.
  - 2b. If the business is inside the city limits, check yes.
  3. Enter the phone, fax number and email address of the business entity.
- 4 and 5 are the determination for reporting, collecting, and apportionment of city/county sales and use taxes.

## **Page B - Part 6: Sales Tax**

1. If you hold or have ever held an Oklahoma Sales Tax Permit, enter the number(s). If you need additional space, please attach a schedule of permits.
2. Provide the date you will begin or began sales in Oklahoma subject to sales tax.

## **Page B - Part 7: Signature**

Application must be signed by the business owner, or, in the case of a partnership, LLC or corporation, etc., the responsible person for reporting and remitting taxes.

## **Page B - Part 8: Fees**

Please check the appropriate box(es) for each license and/or permit you are applying for and enter the applicable fee amount in the "Total" column at the far right.

**Make Checks Payable to: Oklahoma Tax Commission.**