

Attachment "E"

COPY

U.S. Department of Justice  
Bureau of Alcohol, Tobacco, Firearms and Explosives

**Federal Explosives License/Permit**  
**(18 U.S.C. Chapter 40)**

BUREAU OF ALCOHOL, TOBACCO, FIREARMS AND EXPLOSIVES

In accordance with the provisions of Title XI, Organized Crime Control Act of 1970, and the regulations issued thereunder (27 CFR Part 555), you may engage in the activity specified in this license or permit within the limitations of Chapter 40, Title 18, United States Code and the regulations issued thereunder, until the expiration date shown. THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 555.53. See "WARNINGS" and "NOTICES" on reverse.

Direct ATF                      ATF - Chief, FELC  
Correspondence To        244 Needy Road  
                                 Martinsburg, WV 25405-9431

License/Permit  
Number

**1-NC-151-33-8H-00967**

Chief, Federal Explosives Licensing Center (FELC)

Expiration  
Date

**August 1, 2018**

Name  
**SKYLIGHTS FIREWORKS/EOD SERVICES**

Premises Address (Changes? Notify the FELC at least 10 days before the move.)

**175 CRESENT DR  
ASHEBORO, NC 27203-**

Type of License or Permit

**33-USER OF EXPLOSIVES**

**Purchasing Certification Statement**

The licensee or permittee named above shall use a copy of this license or permit to assist a transferor of explosives to verify the identity and the licensed status of the licensee or permittee as provided by 27 CFR Part 555. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license or permit with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Explosives Licensee (FEL) or a responsible person of the FEL. I certify that this is a true copy of a license or permit issued to the licensee or permittee named above to engage in the business or operations specified above under "Type of License or Permit."

Mailing Address (Changes? Notify the FELC of any changes.)

**SKYLIGHTS FIREWORKS DISPLAY LLC  
SKYLIGHTS FIREWORKS/EOD SERVICES  
175 CRESENT DR  
ASHEBORO, NC 27203-**

  
Licensee/Permittee Responsible Person Signature

Position Title

Printed Name

Date

COPY

ATF Form 5400.14-5400.15 Part I  
Revised October 2011