

Application for the Grant*/Renewal* (delete * as appropriate) of Annual Licence to Sell Fireworks under the Fireworks Regulations 2004

Details of the business	to which this application applies:			
Trading Name:				
Business Address (including)	postcode):			
Is the business: (tick the box that applies)	Sole Trader Par	tnership Limited Company		
Daytime Tel No:	Fax	10:		
Email:				
If the application is made on behalf of a Sole Trader or Partnership, please state:				
Full Name of Applicant:				
Private Address (including postcode):				
Date and Place of Birth:				
Position in the Business:				
Full Names and Private Address of all partners in the business (continue on separate page if necessary)	Full Name: Private Address:	Date of Birth:		
	Full Name: Private Address:	Date of Birth:		
	3. Full Name: Private Address:	Date of Birth:		
If application is made on behalf of a Limited Company				
Full Name of Body:				
Company Registration Number:				
Address of Registered Office (including postcode):				

Have you, any of the Partners or the Company:				
1. Been refused a licence to	retail fireworks by a local authority? (tick the box that applies)	Yes	No	
If yes, please give details:				
 a) an offence under Se b) an offence under Se Fireworks Safety Re c) an offence under the the manufact keeping explo 	extion 11 of the Fireworks Act 2003; ection 12 of the Consumer Protection Act 1987 relating to the equilibrium and the extension of the Consumer Protection Act 1987 relating to the explosives Act 1875 relating to: sure of explosives at an unauthorised place (i.e. not licensed) posives in an unauthorised place (i.e. not licensed or registered) ale gunpowder not properly packaged or labelled	Yes	No	
Safety at Work etc.				
If yes, please give the following Full Name of Defendant:	ng details:			
Offence:				
Date of Conviction:				
Court of Conviction:				
Penalty:				
Premise Details:				
	re to be sold (including postcode): be separately licensed, please use a separate application form for each pre	mise.)		
Are these premises licensed under Section 5, or registered with Shropshire County Council or any other Council in accordance with Section 21 of the Explosives Act 1875:				
As these premises must be li Section 21 of the Explosives Please give details of the:	censed under Section 5, or registered with Shropshire County Cou Act 1875.	ncil in accordan	ce with	
Section 5 Licence: (please provide a photocopy)				
Shropshire County Council Registration Number:				

Please provide the full address of any other premises used to store fireworks (if different from the above premises)			
Please provide details of the periods in the year when you will be offering to supply fireworks:			
(a) Throughout the Year			
(b) Specific period(s) in the year (please state)			
Declaration:			
I declare that I have checked correct.	I the information given on this application form and to the best of my knowledge and belief it is		
Signature:			
Name (PRINT):			
Position:			
Date:			

Explanatory Note

This application need only be completed if you intend to supply or expose for supply, fireworks outside of the following periods:

- On the first day of the Chinese New Year and the three days immediately preceding it;
- On the day of Diwali and the three days immediately preceding it;
- During the period beginning on the 15th October and ending on the 10th November, or;
- During the period beginning on the 26th December and ending on the 31st December.

The completed application must be sent to:

Shropshire Council County Public Protection Shirehall Abbey Foregate Shrewsbury Shropshire SY2 6ND

Along with the annual fee of £500.

Shropshire Council may refuse to grant a licence, or may revoke a licence that it has granted, if the applicant has committed any of the offences mentioned on the application form.

If a licence is refused or revoked, the applicant may appeal to the court against the decision. That appeal must be made within 28 days of the decision being notified to that person.