

**Application for the Grant\*/Renewal\* (delete \* as appropriate) of an 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 |  | Partnership |  | Limited Company |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Daytime Tel No: |  |  Fax No: |  |
|  |  |  |  |
| 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 a separate page if necessary)* |
|  | 1. Full Name:
 |  | Date of Birth: |  |
| Private Address: |  |  |
|  |  |  |  |  |
|  | 1. Full Name:
 |  | Date of Birth: |  |
| Private Address: |  |  |
|  |  |  |  |  |
|  | 1. Full Name:
 |  | Date of Birth: |  |
| Private Address: |  |  |

**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: |  |
|  |
| 1. Committed any of the following offences in the last five years?
 | Yes |  | No |  |
| 1. an offence under Section 11 of the Fireworks Act 2003;
2. an offence under Section 12 of the Consumer Protection Act 1997;
3. an offence under the Explosives Act 1875 relating to:
* the manufacture of explosives at an unauthorized place

(i.e. not licensed)* keeping explosives in an unauthorized place

(i.e. not licensed or registered)* exposing or sake gunpowder not properly packaged or labelled
1. an offence in relation to use, storage or keeping of fireworks under the Health and Safety at Work etc. Act 1974.
 |  |  |  |  |
|  |
| If yes, please give the following details: |
| Full Name of Defendant: |  |
|  |
| Offence: |  |
|  |
| Date of Conviction: |  |
|  |
| Court of Conviction: |  |
|  |
| Penalty: |  |

**Premises Details:**

|  |  |
| --- | --- |
| Address at which fireworks are to be sold *(including postcode)*:(As each premises are required to be separately licensed, please use a separate application form for each premises). |  |
| 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: | Yes |  | No |  |
|  |
|  |
| As these premises must be licensed under Section 5 or registered with Shropshire County Council in accordance with Section 21 of the Explosives Act 1875. |
| Please give details of the: |
| 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: |
| 1. Throughout the year
 |  |
|  |
| 1. Specific period(s) in the year *(please state)*
 |  |

**Declaration:**

|  |
| --- |
| I declare that I have checked the information given on this application form and to the best of my knowledge and belief it is correct. |
| Signature: |  |
|  |
| Name (PRINT): |  |
|  |
| Position: |  |
|  |
| Date: |  |

**Explanatory Note**

This application need only be completed if you intend to supply, or expose to 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:

Licensing Team

Business and Consumer Protection Service

Shropshire Council

Shirehall

Abbey Foregate

Shrewsbury

Shropshire

SY2 6ND

Or licensing@shropshire.gov.uk

Along with the receipt for the relevant fee.

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 mention 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.