**FIREWORKS ACT 2003 AND FIREWORKS REGULATIONS 2004**

**APPLICATION FOR A LICENCE TO EXPOSE OR SUPPLY**

**ADULT FIREWORKS ALL YEAR**

|  |  |  |
| --- | --- | --- |
| 1 | Trading name and address of premises |       |
| 2 | Full name of applicant |       |
| 3 | Address of applicant |       |
| 4 | Contact telephone number |       |
| 5 | Contact email address |       |
| 6 | Alternative contact address if different from above |       |
| 7 | Reference number of current licence/registration to store fireworks (issued under the Manufacture and Storage of Explosives Regulations 2005). |       |
| **DECLARATION**I/We       hereby give notice that I/we intend to apply for a licence in accordance with the particulars in the attached Schedule.[ ]  I/We have paid the required fees\* and the receipt number is      [ ]  I/We declare that the information given in this application is correctSigned by the applicant(s)      Dated       |

\* You may pay over the phone (01225 477531) using a credit or debit card.

Please return the completed application to licensing@bathnes.gov.uk