**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 correct  Signed 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](mailto:licensing@bathnes.gov.uk)