

Application under Regulation 4 of the Fireworks (Scotland) Regulations 2004 for a Dispensation from the Prohibition on the use of Fireworks during the Night Hours

Name of Applicant ¹ :						_
Address of Applicant:						-
					Post Code:	
					OST GOGC.	
Applicant's Business Tel. No:	Applicants Mobile Tel No:			el No:		
Name of person in charge of firing the display:			Tel. No. on contacted:	which per	rson can be	
Location of the event during which the fireworks are to be used:						_
Description of the event during which the fireworks are to be used:						_
Name and address of person for whom the event is being run:						
Name and address of person on whose premises the fireworks will be used (if different from person above):				Tel:		_
Date of display for which dispensation is required:		1				
Time at which event is to begin:		Time	at which event i	s to end:		
Time at which use of fireworks will begin (Start of dispensation period):		Time at which use of fireworks will end (End of dispensation period):				
Description of all fireworks (effects) to be used during the display:						_
Where are the fireworks to be kept						
prior to use:		T				
Distance between nearest residential building and point at which fireworks will be used:						

¹ Applicants may be sole traders or corporate bodies but persons signing on behalf of a corporate body must be a director or company secretary.

	YES	NO
Are you or is the person by whom you are employed a professional organiser of firework displays?		
Do you or does the person by whom you are employed hold public liability insurance in respect of the use of fireworks at the event described overleaf?) (Please I confirm that the use of fireworks for which this dispensation is sought is:	se tick the r	elevant box)
 for the purpose of putting on a firework display in the course of my business or my employr organiser/operator of firework displays* or at a national public celebration or national commemorative event* 	ment as a	professional
* Delete where incorrect.		
If my application is successful I will give the notice of the event described overleaf required by Paragraphs	8 and 9 of I	Regulation
4 of the Fireworks (Scotland) Regulations 2004 in the		.newspaper.
I confirm that the information I have entered in this application is correct and I hereby apply for a requirements of Regulation 3(1) of the Fireworks (Scotland) Regulations 2004 on the terms set out overlease		
Applicant's SignatureDate:		
Position:		
Applications should be returned to:		
Aberdeenshire Council Consumer Protection Gordon House Blackhall Road Inverurie		

Please note that a copy of your application will be submitted to Grampian Police as part of the consultation process and that Community Councils and other representative bodies may also be consulted about your application. The application form will also be included in the documents sent to members of the relevant Area Committee and as such will become a public document.

AB51 3WA