



**APPLICATION FORM FOR DISPENSATION FROM PROHIBITION ON THE
USE OF FIREWORKS DURING NIGHT HOURS**

**BY INDIVIDUAL PERSON
(NOT A COMPANY/PARTNERSHIP)**

PLEASE READ GUIDANCE NOTES SUPPLIED BEFORE COMPLETING FORMS

A. - PERSONAL DETAILS

Christian Name

Surname

• Full Name

• Home Address

.....

.....

Tel. No. Email.....

• Age: years

• Date of Birth:

• Place of Birth:

I am: (you must tick 1 box)

• Employed by a professional organiser or operator of firework displays

• In business as a professional organiser or operator of firework displays

Full Name of business/department/establishment

.....

.....

Address

.....

Tel No Nature of Business Firm

Partnership

Email..... Limited Company

OFFICE USE

ONLY

DATE
RECEIVED

FEE PAID

ANITE INPUT
DATE

DATE OF
DECISION

DECISION

NO. OF

RENEWAL
DATE

B.- DISPLAY DETAILS

- Name of place/site
for which a dispensation
is required
- State date of firework display
- State description of event at
which fireworks are to be
used
- State name of person for whom
display is being run
- State maximum number of
persons to be admitted to the
premises/site/event at any
one time
- State name of person in charge
of firing display Contact details:
- State hours during which the
The display will take place
- Provide description of the
firework display
- Provide description of all
fireworks (effects) to be
used during the display
- Where are the fireworks to
be kept prior to use?
- Distance between nearest
residential building and
point at which fireworks
be used

C. - INSURANCE DETAILS

Specify the public liability insurance which you have in force, giving details of the insurance company and amount of cover

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NOTE: Please enclose with the application the insurance certificate or other proof of insurance cover

D.- CRIMINAL CONVICTIONS

Have you, or any other person named in this application, been convicted of **any** crime or offence YES/NO

If yes, details:
.....
.....
.....

- **See Guidance Notes for reference to "spent convictions".**

Data Protection Act 1998 - The Moray Council will use the information about you on this form to process your licensing application. In processing your application, the information you have provided may be shared between Council departments and with other agencies where necessary. By signing this form you consent to the Council sharing your information in this way. The Council has a duty to process your information fairly and in accordance with the provisions of the Data Protection Act 1998. We will ensure that the information we hold is accurate, up to date, is kept only for as long as is necessary and is otherwise shared only where we are legally obliged to do so. You have a legal right to obtain details of the information that we hold about you and you can so by making a "subject access request". A request of this kind should be made in writing to the PPR & Communications Officer, Corporate Policy Unit, the Moray Council, High Street, Elgin. The Council has a Data Protection Policy which can be viewed at www.moray.gov.uk

I/we declare that I/we shall, at least 7 days prior to the display taking place, give public notice in a local newspaper of my/our intention to use fireworks

I/We declare that the particulars given by me on this form are true and I hereby make application to The Moray Council for the grant of the dispensation applied for.

Date Signature of applicant or agent
or
Signature of Agent on behalf of applicant
Agent's Address

N.B. It is an offence for any person to make any statement which he knows to be false in this application or in connection with the making of this application