



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

Name of Applicant:

Applicant may be a business or an individual but signatory for a business must be senior manager, partner or director of the company

Address of Applicant (inc postcode):

Name and address of person for whom the event is being run:

Applicant's Business Tel No:

Applicant's Mobile Tel No:

Day & Date of display for which dispensation is required:

Name of Person in charge of firing the display:

Tel No. on which person can be contacted:

Description of the event in respect of which the application is made:

Location of the event in respect of which the application is made:

Time at which event is to begin:

Time at which event is 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 firework display:

Description of all fireworks (effects) To be used during the display

Where are the fireworks to be kept Immediately prior to use?:

Distance between nearest residential building and point at which fireworks will be used:



MSER Registration/Licence Number
and name of Licensing Authority

Statement by signatory

I confirm that:

- I or the person by whom I am employed is a professional organiser of firework displays*
- I or the person by whom I am employed hold(s) public liability insurance in respect of the use of fireworks at the event described overleaf*

I confirm that the use of fireworks for which this dispensation is sought is:

- For the purpose of putting on a firework display in the course of my business or my employment as a professional organiser/operator of firework displays* or
- At a national public celebration or national commemorative event*

* **Delete where incorrect.**

Confirm that the information I have entered in this application is correct and I hereby apply for a dispensation from requirements of Regulation 4 of the Fireworks (Scotland) Regulations 2004 on the terms set out overleaf.

Applicant's Signature _____ **Date** _____

Position: _____

Please note that a copy of your application will be submitted to Strathclyde Police as part of the consultation process and that Community Councils and other representative bodies may also be consulted about your application. Your 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.

