## 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 Tel No. on which person of firing the display: can be contacted: Description of the event in respect of which the application is made: Location of the event

Time at which event

is to end:

Time at which use of fireworks will begin:

Time at which use of fireworks will end:

in respect of which the application is made:

Time at which event

is to begin:

 $(start\ of\ dispensation\ period) \\ (end\ of\ dispepep>1-6(e(p)1g054(p)-6(e)on1g0\ p-6(>1r)7)-6(e)o1g0) \\ (end\ of\ dispepepp>1-6(e(p)1g054(p)-6(e)on1g0\ p-6(e)on1g0) \\ (end\ of\ dispepepp>1-6(e(p)1g054(p)-6(e)on1g0) \\ (end\ of\ dispepepp>1-6(e)on1g0\ p-6(e)on1g0) \\ (end\ of\ dispepepp>1-6(e)on1g0) \\ (end\ of\ dispepepp>1-6(e)on1g0) \\ (end\ of\ dispepeppp) \\ (end\ of\ dispepepppp) \\ (end\ of\ dispepeppp) \\ (end\ of\ dispepeppp) \\ (end\ of\ dispepeppp) \\ (end\ of\ dispepepppp) \\ (end\ of\ dispepeppppp) \\ (end\ of\ dispepepppp) \\ (end\ of\ dispepepppp) \\ (end\ of\ dispepeppppp) \\ (end\ of\ dispepepppp) \\ (end\ of\ dispepepp$ 



## 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	
Position:	
Please note that a copy of your application will be submitted to Strathclyde Police as part	

