



The Fireworks (Scotland) Regulations 2004

Application for a dispensation from the prohibition on use of fireworks during night hours (must be submitted not later than 6 weeks prior to the proposed display date)

Person making this application

I am employed by / in business as* a professional organiser or operator of firework displays. <i>*Delete as appropriate.</i>	
Applicant's name	
Applicant's address	
Email address	
Contact telephone number(s)	
Business name	
Business address (if different)	
Email address	
Contact telephone number(s)	

Event during which you propose a night hours fireworks display

Please give details of the event during which you propose a night hours fireworks display			
Date			
Event start time		Event finish time	
Full address or OS map reference of the event location			
Please describe the exact location			

Please give details of what is to happen at the proposed event	
Description of the proposed event	
Is this a national public celebration or national commemorative event?	Yes / No

The proposed fireworks display

Please give details of the proposed fireworks display itself, bearing in mind anything which you consider might cause it to start earlier or finish later than you intend.			
Fireworks display start time (earliest foreseeable time)		Fireworks display finish time (latest foreseeable time)	
Please describe the proposed fireworks display, giving details of its intended duration and of all the fireworks and effects to be used			
Distance from the proposed fireworks display to the nearest residential building			
Where will the fireworks be kept immediately prior to use?			

Public notice

Public notice must be given no later than 7 days prior to the commencement of the event	
Please provide details of the newspaper(s) in which you intend to publish a public notice of the fireworks display, should your application be successful	

Person or organisation by or for whom the proposed event is to be run

Name	
Address	
Email address	
Contact telephone number(s)	

Person or organisation on whose premises the fireworks are to be used

Name	
Address	
Email address	
Contact telephone number(s)	

Person to be in charge of setting off the fireworks

Name			
Address			
Email address			
Contact telephone number(s)			
Date of birth			
Experience with fireworks			

Premises where the fireworks are to be stored

Name of premises			
Address			
Email address			
Contact telephone number(s)			

Explosives storage licence or registration

Do you have a current explosives storage licence or registration for these premises?	Yes / No		
If Yes, please provide details of the licence or registration			
Licence or registration number			
Licensing authority			

Public liability insurance cover for the proposed fireworks display

Do you have public liability insurance cover for the proposed fireworks display?	Yes / No		
If Yes, please provide details of the policy			
Insurance company			
Policy number			
Period of cover			
Amount of cover	£		

Signature of applicant			Date	
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Send this application form to:

**Trading Standards Service, Shetland Islands Council,
Infrastructure Services Department, FREEPOST SCO4317, Lerwick, ZE1 0BR**

For further information, or advice on completing this form, call us on 01595 744887.

For a copy of this document on audio cassette, in large print or Braille, or if you require assistance in reading this, please contact the Council's Policy Unit.

Shetland Islands Council Policy Unit
Town Hall, Hillhead, Lerwick, Shetland ZE1 0HB

Tel: 01595 744537

Email: policy@shetland.gov.uk

This document is also available at www.shetland.gov.uk/tradingstandards

Do you require the services of an interpreter?

If you do, please contact **01595 744537** for assistance.

We will provide an interpreter, or we can supply the document in your choice of language.

你是否需要傳譯服務？

如果需要，請致電 01595 744537 尋求幫助。

我們會通當地為你安排傳譯人員或者提供你需要文字的文件。

ਕੀ ਤੁਹਾਨੂੰ ਕਿਸੇ ਇੰਟਰਪਰੈਟਰ (ਤੁਰਾਸ਼ੀਆ) ਦੀਆਂ ਸੇਵਾਵਾਂ ਦੀ ਲੋੜ ਹੈ?

ਜੇਕਰ ਤੁਹਾਨੂੰ ਲੋੜ ਹੈ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਸਹਾਇਤਾ ਲਈ 01595 744537 ਤੇ ਸੰਪਰਕ ਕਰੋ।

ਜਿਥੇ ਸੰਭਵ ਹੈ ਸਕਿਆ ਇੰਟਰਪਰੈਟਰ ਉਪਲਬਧ ਕਰਵਾਇਆ ਜਾਏਗਾ ਜਾਂ ਤੁਹਾਡੀ ਪਸੰਦ ਵਾਲੀ ਭਾਸ਼ਾ ਵਿਚ ਦਸਤਾਵੇਜ਼ ਭੇਜਿਆ ਜਾਏਗਾ।

আপনি কি একজন দোভাষীর সাহায্য চান ?

যদি আপনার প্রয়োজন থাকে তাহলে অনুগ্রহ করে যোগাযোগ করুন -01595 744537
যেখানে সম্ভব সেখানে একজন দোভাষীর ব্যবস্থা করা হবে অথবা আপনি যে ভাষাতে চা
দলীলটি অনুবাদ করে আপনাকে প্রদান করা হবে ।

کیا آپ کو انٹریٹر کی ضرورت ہے؟

اگر ایسا ہے تو پھر (انٹریٹر کی) مدد حاصل کرنے کیلئے فون نمبر 01595 744537 پر بات کریں۔

جہاں ممکن ہو وہاں انٹریٹر کی سہولت فراہم کی جائے گی یا پھر (مطلوبہ) دستہ دیز کار جمہ آپ کی

پسندیدہ زبان میں فراہم کیا جائے گا۔