

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

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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 N86( N)17(86( 7c ( )T /P86( 01 Td ( )Tj EMC87 33Td ( )Tj 3.261 0 Td ( )Tj 3.261 0 Td



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** \_\_\_\_\_

