

# Application for a storage licensed premises to supply adult fireworks all year round in accordance with Regulation 9 of the Firework Regulations 2004

Please complete and return this form to [**fireworks@manchesterfire.gov.uk**](mailto:fireworks@manchesterfire.gov.uk) or post to:  
  
**Greater Manchester Fire and Rescue Service HQ**Fireworks Administration  
146 Bolton Road  
Swinton  
Manchester  
M27 8US

## **Applicant details**

|  |  |
| --- | --- |
| **Applicant name:** |  |
| **Email address:** |  |
| **Phone number:** |  |
| **Applicants home address:** |  |
| **Applicants registered address (if applying as a limited company)** |  |
| **Shop name:** |  |
| **Shop address:** |  |
| **Post Code:** |  |
| **Trading name and address if different from shop:** |  |
| **Have your or your company been convicted of any offence/s under Health & Safety Legislation or in relation to the sale / supply of fireworks? If yes, please give details:** |  |
| **Have your or your company been convicted of any offence/s under the Explosives Act 1875 or in relation to the manufacture, sale / supply of gunpowder? If yes, please give details:** |  |

## **Explosives Storage Licence**

You must have a storage licence in place before applying to sell all year round

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| --- | --- |
| **Storage licence number:** |  |
| **Storage licence expiry date:** |  |
| **Current All Year Licence number (if a renewal):** |  |
| **All Year Licence Expiry date:** |  |

## **Payment Details**

The Licence fee is £500, you can make the payment two ways

### BACS

Greater Manchester Combined Authority, Barclays Bank Plc, 51 Mosley Street, Manchester, M2 3HQ

Sort code: 20 55 58

Account: 50718718

Please put your shop name and ‘AYF’ as the reference

### Worldpay

If you wish to pay by card then please confirm the email address you wish to us to send the link to below

### New applications

Any new applicants must wait until the application has been processed and approved. We will then contact you to ask for payment.

|  |  |
| --- | --- |
| **BACS receipt No:** |  |
| **This is a new application, so payment is not yet required:** |  |
| **Please confirm email address you wish the card payment link to be sent to:** |  |
| **Signature:** |  |
| **Date:** |  |