**Application for an All Year Round Fireworks Licence under the Fireworks Act 2003 / Fireworks Regulations 2004 as amended**

Information provided in this application will be held on our computers and manual records. It will be used to assess your application and may be shared with other departments within the Ealing Council, The Metropolitan Police, The London Fire & Emergency Planning Authority, sub-contractors contracted to provide any support, administration or similar service and any other parties we are required to consult. It may be disclosed where required by law or in connection with legal or regulatory proceedings. Where the public are entitled to object to a licence or we are required to maintain a public register, details of licences & applications may be published on the Council’s website.

* Please complete this form using either **black** ink or type.

**The information gathered on this form may constitute personal data as defined in the Data Protection Act 1998. Any personal data will be processed in accordance with the requirements of that Act.**

|  |  |
| --- | --- |
| If this is a renewal application, please state the date of expiry and any reference number | |
| Expiry Date |  |
| Reference No. |  |
| **Details of premises to be licensed:** | |
| Trading Name |  |
| Address including postcode |  |
| Type of business / shop |  |
| Daytime telephone number |  |
| **Details of the applicant:** (*if you are applying on behalf of a company or limited liability partnership , please give its name)* | |
| Name of applicant |  |
| Companies House No  (if applicable) |  |
| Date of birth  (where applicant is an individual) |  |
| Place of birth  (where applicant is an individual) |  |
| National Insurance number (where applicant is an individual) |  |
| Home address, including postcode  .  If the applicant is a company, please give the registered office |  |

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| --- | --- | --- | --- | --- |
| Daytime telephone number |  | | | |
| Email |  | | | |
| Date you want to start stocking fireworks |  | | | |
| Have you been convicted of any offence under any legislation regarding fireworks or explosives or offences against the person, dishonesty offences and offences relating to the supply of controlled drugs? | | | Yes  No | |
| If you have answered “Yes” please give date(s) and details, including the licensing authority and court where convicted in the form below |  | | | |
| **Signature of applicant (**or applicant’s representative) | | | | |
| Signed |  | | | |
| Name |  | | | |
| Position / Job title |  | | | |
| Organisation (if applicable) |  | | | |
| Date |  | | | |
| The completed application form, together with convictions form and your storage licence number, should be sent to **Ealing Council, Licensing Team, Regulatory Services, Perceval House,  14-16 Uxbridge Road, Ealing, W5 2HL** | | | | |
| I enclose a cheque payable to Ealing Council for the application fee of £500 |  | Please telephone me to take a card payment | |  |
| **For licensing authority use only:**  Application form checked  Fee paid | | | | |

**DECLARATION OF CONVICTIONS**

Please complete this form **IN BLOCK CAPITALS**

|  |  |
| --- | --- |
| Surname of Applicant |  |
| First Names of Applicant |  |
| Maiden Name (if applicable) |  |
| Full Private Address (include post code) |  |
| Full Previous Private Address (include post code) if you have lived at above address for less than five years) |  |
| Date of Birth |  |
| Place of Birth |  |
| National Insurance Number |  |

**All convictions or formal cautions must be disclosed on the attached form.**

**These will not be open to inspection by the Public or other relevant bodies.**

**Please note that any convictions that are spent, within the terms of the Rehabilitation of Offenders Act 1974 will not be taken into account when determining your application.**

If you are in any doubt as to whether or not a conviction is spent, you should either consult a solicitor or the Metropolitan Police Service, however a guide is given at the end of this form.

**Full Name** ……………………………………………………………………………….…………………...

**CONVICTIONS** please enter ‘none’ if there are none

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Conviction** | **Place of Conviction** | **Nature of Offence** | Sentence |
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**FORMAL CAUTIONS** please enter ‘none’ if there are none

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Caution** | **Place of Caution** | **Nature of Offence** | **Comments** |
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1. The information given above is true and complete to the best of my knowledge. I understand any statement made by me which I know to be false in any material respect could result in the application being refused and renders me liable for prosecution.
2. **I understand and I consent to the disclosure by the Police to the Council of any record(s) of criminal conviction(s) that I have, other than spent convictions, within the meaning of the Rehabilitation of Offenders Act 1974.**
3. **I have read and understood the notes supplied with this form.**

**Signed: ……………………………………. Date: ………………………………**

**The following information is requested to confirm that the convictions are spent.**

**Information provided will not be considered in assessing your application unless it should have been included under convictions above**

**SPENT CONVICTIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Conviction** | **Place of Conviction** | **Nature of Offence** | Sentence |
|  |  |  |  |
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The following information is given as a guide as to the period after which convictions are considered spent. The table is illustrative only and does not contain every possible sentence and rehabilitation period. The period stated is reduced by half if the offender was under 18 at the date of conviction.

|  |  |
| --- | --- |
| **Sentence** | **Rehabilitation period** |
| Custodial sentence for over 4 years | Never spent |
| Custodial sentence for over 2 and a half years up to 4 years | 7 years from the date upon which the sentence is completed |
| Custodial sentence for over 6 months but less than 2 and a half years | 4 years from the date upon which the sentence is completed |
| Custodial sentence for up to 6 months | 2 years from the date upon which the sentence is completed |
| Fine | 1 year from the date the fine was imposed.  Special provisions apply to Road Traffic Offences. |
| Absolute discharge | No rehabilitation period |