



## Isle of Man Office of Fair Trading

**DANGEROUS GOODS ACTS 1928 AND 1954 &  
DANGEROUS GOODS ORDERS 1928 TO 1955**

### APPLICATION FOR A LICENCE TO STORE EXPLOSIVES

### FIREWORKS

*Thie Slieau Whallian  
Foxdale Road  
St John's  
Isle of Man  
IM4 3AS  
Tel: (01624) 686500*

*Email: iomfairtrading@gov.im*

#### PERSONAL/BUSINESS DETAILS

Name: .....

Name of Company/Firm: .....

Address where fireworks are to be stored: .....

Postcode: .....

Address for return of Licence: *(if different to above)* .....

Postcode: .....

#### STORAGE DETAILS

Quantity of fireworks to be stored: .....

Make(s) of fireworks: .....

How will the fireworks be displayed: *(e.g. locked display cabinet)* .....

How will your bulk store be kept: *(e.g. metal dustbins in store cupboard)* .....

Licence period required: Start date: *DD/MM/YYYY* To: *DD/MM/YYYY* .....

#### PAYMENT

Payment of £45 is submitted in the following form:

**Cheque**

(made payable to "Isle of Man Government")

**Card payment**

(this can be arranged at our public counter or call (01624) 686500 to make a payment over the phone)

**BACS:**

Bank: Isle of Man Bank

Sort Code: 55-91-00

Account Number: 12545384

Account Name: IOM GOV DEP OF ENVI

Please quote "**OFTFW**" and your surname as the reference

**PERSONAL DATA**

- 1** The Office of Fair Trading is a controller for the purposes of the 2018 Data Protection Legislation and requires the information on this form to comply with its legal obligations under The Dangerous Goods Act 1928 & 1954 and Dangerous Goods Orders 1928 - 1955. Your personal information will be held by the OFT for the purposes of processing this application.
- 2** Details of how and why the OFT processes your personal information are contained in our privacy policy, found here: <https://www.gov.im/oft>
- 3** The Data Protection Officer can be contacted on **(01624) 686781** or by email at [DPO-OFT@gov.im](mailto:DPO-OFT@gov.im)

**DECLARATION**

I hereby declare that the above stated particulars are correct in all aspects:

Name: *(in block capitals)* .....

Signed: ..... Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email: ..... Telephone: .....

Please send completed forms to the Office of Fair Trading at the address on the first page.

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