

**COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL
ENVIRONMENTAL HEALTH AND TRADING STANDARDS
Poisons Act 1972 (1972c.66)**

Form of application by a person to have his name entered in a local authority's list of persons entitled to sell non-medical poisons included in Part II of the Poisons List

To the Chief Executive of Herefordshire Council

being engaged in the business of

I,

hereby apply to have my name entered in the list kept in pursuance of Section 5 of the above Act in respect of the following premises, namely,

as a person entitled to sell from those premises poisons included in Part II of the Poisons List.

I hereby nominate

1) _____ 2) _____

to act as my deputy (deputies) for the sale of non-medical poisons in accordance with Rule 10(1) of the Poisons Rules 1982

Signature of applicant

Date

Please enclose fee of £"FEE"
(Cheque payable to "Herefordshire Council")

This space is for the use of the local authority

Date Sent:

Receipt Number:

Registration Number:

