



Form of Application

POISONS ACT 1972 (1972 c. 66)

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

To: Licensing Team

Environmental Health and Trading Standards
Civic Offices, 1 Saxon Gate East, Milton Keynes, MK9 3EJ

I,
being engaged in the business of:

.....

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:

.....

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

Signature of applicant: **Date:**

Please complete this section:

My fee of £..... is enclosed

SIGNATURE OF APPLICANT DATE.....

Data Protection Privacy Statement

We collect and use information about you so that we can provide you with licensing services under The Poisons Act 1972. Full details about how we use this data and the rights you have around this can be found at www.milton-keynes.gov.uk/privacy. If you have any data protection queries, please contact the Data Protection Officer at data.protection@milton-keynes.gov.uk

**Trading Standards, Public Realm Services Group
Civic Offices, 1 Saxon Gate East, Milton Keynes, MK9 3EJ**

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