

Cork County Council

DANGEROUS SUBSTANCES (RETAIL AND PRIVATE PETROLEUM STORES) REGULATIONS, 1979 as amended

Application for

First licence

☐

Retail Store

☐

Please tick ✓
appropriate boxes

Amended licence

☐

Renewal of a licence

☐

Private Store

☐

Transfer of a licence

☐

Proposed Period For This Licence

1 Year ☐

2 Years ☐

3 Years ☐

Existing Licence No. (if applicable)

RPPS/ _____

1. Applicant: (details of the person/company/firm that will be the licensee)

Name: _____

Address: _____

2. Location of the proposed retail store or private store:-

Address: _____

County: _____

Place or townland: _____

Ordnance Survey Map reference _____

Name of the Store _____

3. Name of current licensee (if application is for transfer/amendment/renewal of a licence):

4. Particulars of plans accompanying this application:- (may be detailed on a separate sheet)

5. Maximum quantity of Class or Classes of petroleum stored or to be stored at the retail store/private store:-

Class I: _____ litres in container stores

_____ litres in underground tanks

_____ litres in aboveground tanks

Class II: _____ litres in container stores

_____ litres in underground tanks

_____ litres in aboveground tanks

Class III: _____ litres in container stores
_____ litres in underground tanks
_____ litres in aboveground tanks

6. Will the retail store/private store be used exclusively for the storage of petroleum Class 1, Class II or Class III? (Indicate “Yes” or “No” and state classes)

7. If the answer to Question 6 is “No” give full particulars of the quantity or amount of any other substance to which your application relates:-

8. Amount of fee (accompanying this application):-

€ _____

Details of Calculation:-

9. Person to whom correspondence and notifications should be forwarded:-

Name: _____

Address: _____

Phone No. _____ Fax. No. _____

I, _____, hereby certify that the information supplied above is true to the best of my knowledge and belief.

Signature of applicant _____

Role in the Company or Firm: _____
(where the applicant is not a named person)

Date of application _____

The application should be submitted to:-

**Cork County Council,
Fire & Building Control Department,
Core House,
Westpoint Business Campus,
Link Road,
Ballincollig,
County Cork.**