

Cork County Council

DANGEROUS SUBSTANCES (FLAMMABLE LIQUIDS AND FUELS DISTRIBUTION AND COMMERCIAL SUPPLY STORES) REGULATIONS, 2019

Application for:-

tick ✓ appropriate boxes

First Licence

Amended Licence

Renewal of a Licence

Transfer of a Licence

Existing Licence No. (if applicable)

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

Name: _____

Address: _____

_____ Tel no: _____

2. Location of the proposed distribution and commercial supply store:-

Address _____

County _____

Place or townland _____

Ordnance Survey Map reference _____

3. Name of Consultant/Designer:

Name and address of person(s) or firm(s) responsible for preparation of accompanying plans, calculations and specifications:-

_____ Tel no: _____

4. Name of licensee (if application is for transfer of a licence):

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

6. Maximum quantity of Category or Categories of Flammable Liquids stored or to be stored at the store:-

Category 1: _____ litres in container stores
_____ litres in underground tanks
_____ litres in above-ground tanks

Category 2: _____ litres in container stores
_____ litres in underground tanks
_____ litres in above-ground tanks

Category 3: _____ litres in container stores
_____ litres in underground tanks
_____ litres in above-ground tanks

7. Other Fuels (State units of measurement):-

Name: _____ litres in container stores
_____ litres in underground tanks
_____ litres in above-ground tanks

Name: _____ litres in container stores
_____ litres in underground tanks
_____ litres in above-ground tanks

Name: _____ litres in container stores
_____ litres in underground tanks
_____ litres in above-ground tanks

This licence application must be accompanied by a **Risk Assessment and Drawings** as laid out in Regulation 12 and Schedule 5 of the Dangerous Substances (Flammable Liquids and Fuels Distribution and Commercial Supply Stores) Regulations, 2019.

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

€ _____

Details of Calculation:-

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

Signature of applicant _____

Postal address of applicant _____

Date of application _____

The application should be submitted to:-

**Cork County Council,
Fire & Building Control Department,
County Hall Campus,
Farranlea Road,
Cork T12 R298.**