



## 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: North Somerset Council, Development & Environment, Trading Standards Service, Somerset House, Oxford Street, Weston super Mare, BS23 1TG

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 non medicinal 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 Poisons Rules 1978.) \* **Insert full names**

Signature of applicant ..... Date .....

Note: \* Last paragraph only needs completion where sale required to be carried out  
by approved deputy, ie in the case of poisons included in the First Schedule to the  
Poisons Rules.

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For official use only

Fee received £ .....

Receipt Number .....

Premises visited (date) ..... Officer .....