

## Poisons Act 1972

**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.**

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To the Head of Regulatory Services of

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I,

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Being engaged in the business of

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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,

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

I hereby nominate

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

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Signature of applicant

Date

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This space is for the use of the local authority

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Cheques to be made payable to "Leicestershire County Council" and attached to this form.
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