

**KERRY COUNTY COUNCIL**  
**Dangerous Substance (Retail and Private Petroleum Stores) Regulations,**  
**S.I. 311 of 1979 Regulation 6(1)**  
**Form DS/RPSR 6(1)**

**FORM of APPLICATION for A**  
**RETAIL STORE or PRIVATE STORE**

for

- |                             |       |
|-----------------------------|-------|
| (a) a First Licence         | _____ |
| (b) an Amended Licence      | _____ |
| (c) a Renewal of a Licence  | _____ |
| (d) a Transfer of a Licence | _____ |

**1. Applicant/Licensee:**

Name and Address/registered  
office of the company, firm or  
person

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Address \_\_\_\_\_

County \_\_\_\_\_

Place or Townland \_\_\_\_\_

Ordnance Survey Map reference: \_\_\_\_\_

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**3. Name of Licensee:**

\_\_\_\_\_

(if application is for transfer of a licence)

**4. Particulars of plans accompanying this application:**

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

Class 1	Class 2	Class 3	
<hr/>	<hr/>	<hr/>	Litres in container stores
<hr/>	<hr/>	<hr/>	Litres in underground tanks
<hr/>	<hr/>	<hr/>	Litres in above-ground tanks

**6. Will the retail store/private store be used exclusively for the storage of petroleum Class 1, Class 2 or Class 3?**

Indicate 'Yes' or 'No' and state class \_\_\_\_\_

**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:**

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

Signature of applicant:

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Postal address of applicant:

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Date of application:

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**FOR COMPLETION BY LICENSING AUTHORITY ONLY**

Remarks: