**Application Form for a License for the sale of Chemical Fertilisers**

(Chemical Fertiliser Control Act, 1980)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.** | **Surname (Mr/Mrs/Miss):** | **……………………………………………………………………………**  **(IN BLOCK LETTERS)** | | | |
| **2.** | **Other Names:** | **……………………………………………………………………………**  **(IN BLOCK LETTERS)** | | | |
| **3.** | **Address (Residence):** | **……………………………………………………………………………** | | | |
| **4.** | **Telephone Number:** | **…………………………………** | | | |
| **5.** | **Address of premises in respect of which the application is made:**  **……………………………………………………………………………………………………………** | | | | |
| **6.** | **Fertilisers in respect of which application is made:**  **……………………………………………………………………………………………………………** | | | | |
| **7.** | **Type of license applied for:** | | **Wholesaler** | | **Retailer** |
| **8.** | **State whether arrangements have been made to store fertilisers separate from foodstuffs and pesticides.**  **Yes No** | | | | |
| **9.** | **State whether scales have been provided exclusively for the weighing of fertilisers, in the case of an application for a retailer license:**  **Yes No** | | | | |
| **10.** | **State whether chemical fertilisers may safely be sold on the premises in respect of which application is made:**  **Yes No** | | | | |
| Date:…………………….. | | | | ….……………………………………………..  Signature of applicant or person authorized to sign on behalf of the applicant | |

Tick where appropriate

|  |  |
| --- | --- |
| **For Official Use Only** | |
| **Date of Inspection of premises:…………….** |  |
| **Premises:** Approved/Not Approved | **License No: ………………………………** |
| **Date: ……………………………** | **Signature of Officer: ……………………** |