Applications are to be returned to:
Licensing Team
Public Protection
Civic Offices
Holton Road
Barry
Vale of Glamorgan
CF63 4RU



Tel: 01446 709105

	Application for a Petroleum Licence lation) Acts 1928 & 1936 – Petroleum Filling Stations
4 84	
1. Please tick what you	
Petroleum Spirit B	Bio-Ethanol Blended Fuel Liquid Natural Gas
2 Please tick the licen	ce period you are applying for.
One year licence	Two year licence Three year licence
One year licence	Two year licerice
3. Applicant type.	(please provide further information below)
	ted Company Partnership
Sole applicant details.	
Mr Mrs Miss	Other
Full name	
Name/no. and Street	
District	
Postcode	
Telephone number	
Limited Company appl	icant details. (please provide registered office address details)
Company name	
Company secretary	
Name/no. and street	
District	
Postcode	
Telephone number	
Partnership applicant of	details
Name of partner	
Address of partner	
Name of partner	
Address of partner	

Name of partner						
Address of partner						
Please use the end of t	nis form for pro	oviding a	any furthe	er informat	ion.	
4. Address of petrol fi	lling station/p	remise	s to be li	censed.		
Name/No. and street						
District						
Postcode						
Telephone number						
Email address						
5. Please state details	of the owner	of the s	ite if dif	erent from	n details a	bove.
Name						
Name/no. and street						
District						
District Postcode						
Postcode						
Postcode Telephone number Email address	vimum quanti	ty of D	atroloum.	Spirit / B	ERE/ING	and how
Postcode Telephone number Email address 6. Please state the mait is to be stored.		ty of Pe	etroleum	Spirit / B	EBF / LNG	and how
Postcode Telephone number Email address 6. Please state the ma		ty of Pe	etroleum	Spirit / B	EBF / LNG	and how
Postcode Telephone number Email address 6. Please state the mait is to be stored.	und tank(s)	ty of Pe	etroleum	Spirit / B	EBF / LNG	and how
Postcode Telephone number Email address 6. Please state the mait is to be stored. Total stored in undergro	und tank(s)	ty of Pe	etroleum	Spirit / B	EBF / LNG	and how
Postcode Telephone number Email address 6. Please state the mait is to be stored. Total stored in underground Total stored in above ground Total quantity in litres	und tank(s) ound tank(s)					and how
Postcode Telephone number Email address 6. Please state the mait is to be stored. Total stored in underground above ground above groun	und tank(s) ound tank(s) etroleum spir	rit, BEB				and how

Please use this section for providing further information:
Declaration
<u> </u>
I hereby declare that the above Schedule contains a full and true statement of the
particulars. In the event of a licence being granted, I agree to abide by the
conditions laid down by the vale of Glamorgan Council and not to alter in any way the Approved Arrangements of the premises without the prior written approval of
the licensing authority, nor use the said premises for any other purpose than those
prevailing at the time the licence is granted.
Signature of applicant:
Print name:
Position:

Date: (dd/mm/yyyy)