

Send your completed application to Licensing & Regulation Division GPO box 2807 Melbourne 3001

Telephone (local call): 1300 651 645 E-mail: <u>licensingregulation@police.vic.gov.au</u> Internet: www.police.vic.gov.au

APPLICATION FOR A DEALER DISPLAY PERMIT

	FIREARMS ACT 19	996 (S91)			
What State are you from?			Enter your Dea	ler Licence Number	
LICENSED FIREARMS DEALER DETAILS (Please indicate if you require an Organisers Permit)					
Trading Name					
Licence Class		L	icence Expiry date	/	
Nominee Family Name (MR/	MRS/MISS/MS)				
Nominee Given Name(s)			Date of Birth _	//	
Dealership Address					
		State	Postco	de	
Telephone number: Home _	Business _		_Mobile	Fax	
POSTAL ADDRESS					
Postal Address					
			Postcode		
PLEASE LIST ALL EMPLOYEE	ES WHO WILL BE ATTENDIN	G DISPLAY:			
NAME	ADDF	RESS	D.O.B.	LICENCE NO:	

This application may be used to advise of all events to be held over the duration of your Dealers Licence, however, if you omit to include an event(s) or the event venue changes, you will be required to submit a new application and pay another fee.

INSTRUCTIONS FOR COMPLETING THE EVENT DETAILS SECTION

- 1. When listing consecutive years for the same event please use a new line for each year and print "As above" in the Event Name field.
- 2. In the Event Time fields please list the earliest time the permit is required to the lasted time the permit is required for all days of the event.

Example. Friday 1/07/2009, 16:00 to 20:00. Saturday 2/07/2009, 08:00 to 20:00. Sunday 3/07/2009, 08:00 to 17:00. enter as:

Event Date From 01/07/2009 **To** 03/07/2009

Event Time From 08:00 **To** 20:00

3. Where an event is held on a recurrent basis, ie. the second Wednesday of the month, this should be indicated in the 'Additional Information' field.

EVENTS DETAILS
Event Name
Event Address
Additional Information
Event Date From// To/
Event Time FromTo
Event Name
Event Address
Additional Information
Event Date From/ To/
Event Time FromTo
Event Name
Event Address
Additional Information
Event Date From/ To/
Event Time FromTo
Date of Application//

EVENTS DETAILS	
Event Name	
Event Address	
Additional Information	
Event Date From//	To/
Event Time FromTo	
Event Address	
Event Date From//	
Event Time FromTo	
Event Name	
Event Address	
Event Date From//	To/
Event Time FromTo	
Event Name	
Event Address	
Additional Information	
Event Date From//	To/
Event Time FromTo	
Event Name	
Event Name	
Event Address	
Additional Information	
Event Date From//	To/
Event Time FromTo	
	Date of Application/
Nominee Signature	