



Post your completed application to:

Licensing & Regulation Division
GPO box 2807
Melbourne 3001

Telephone: 1300 651 645
Email: lrđ@police.vic.gov.au
Internet: www.police.vic.gov.au

APPLICATION FOR A DEALER DISPLAY PERMIT

What State are you from?

Enter your Dealer Licence Number:

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LICENSED FIREARMS DEALER DETAILS (Please indicate if you require an Organizer's Permit)

Trading Name: _____

Licence Class: _____ Licence Expiry date: / /

Nominee Family Name (Mr, Mrs, Miss, Ms): _____

Nominee Given Name(s): _____ Date of Birth: / /

Dealership Address: _____

 _____ State: _____ Postcode: _____

Telephone numbers: Home: _____ Business: _____ Mobile: _____

Email address: _____

POSTAL ADDRESS

Postal: _____

_____ State: _____ Postcode: _____

List all employees who will be attending display. Please attach a spreadsheet if below space is insufficient.

NAME	ADDRESS	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. 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. List the earliest time the permit is required to the last time in the Event Time field.
Example: Friday 30/09/2022, 16:00 to 20:00. Saturday 08:00 to 20:00

Event Date: From: 30/09/2022 To: 01/10/2022

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

Note: Where an event is held on a recurrent basis, e.g., the second Wednesday of the month, this should be indicated in the Addition Information field.

EVENTS DETAILS

Event Name: _____

Event Address: _____

Additional Information: _____

Event Date: From: ___ / ___ / ___ To: ___ / ___ / ___

Event Time: From: _____ To: _____

Event Name: _____

Event Address: _____

Additional Information: _____

Event Date: From: ___ / ___ / ___ To: ___ / ___ / ___

Event Time: From: _____ To: _____

Event Name: _____

Event Address: _____

Additional Information: _____

Event Date: From: ___ / ___ / ___ To: ___ / ___ / ___

Event Time: From: _____ To: _____

Event Name: _____

Event Address: _____

Additional Information: _____

Event Date: From: ___ / ___ / ___ To: ___ / ___ / ___

Event Time: From: _____ To: _____

EVENTS DETAILS

Event Name: _____

Event Address: _____

Additional Information: _____

Event Date: From: ___ / ___ / ___ To: ___ / ___ / ___

Event Time: From: _____ To: _____

Event Name: _____

Event Address: _____

Additional Information: _____

Event Date: From: ___ / ___ / ___ To: ___ / ___ / ___

Event Time: From: _____ To: _____

Event Name: _____

Event Address: _____

Additional Information: _____

Event Date: From: ___ / ___ / ___ To: ___ / ___ / ___

Event Time: From: _____ To: _____

Event Name: _____

Event Address: _____

Additional Information: _____

Event Date: From: ___ / ___ / ___ To: ___ / ___ / ___

Event Time: From: _____ To: _____

Note: If additional events are required, please photocopy page 2 and attach to the application.

Nominee Signature

Date of application:
/ /