



ABERDEEN
CITY COUNCIL

CIVIC GOVERNMENT (SCOTLAND) ACT 1982
APPLICATION FOR GRANT / RENEWAL OF LICENCE
TO ACT AS A WINDOW CLEANER

Applicant's Details - COMPLETE EITHER QUESTION 1 OR 2 AND ALL OTHER QUESTIONS.			
Q1 To be completed if applicant is an individual			
a. Full name	<u>Surname</u> (including any maiden name)	<u>Forename(s)</u>	
b. Home address	Postcode:		
c. Telephone No.	<u>Home</u>	<u>Mobile</u>	
d. E-mail address			
e. Age, date & place of birth	Age	Date of Birth	Place of Birth
f. Are you self employed?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no give name & address of employer Name: Address: Postcode:		
g. Are you to carry out day-to-day management of the business?	Yes <input type="checkbox"/> No <input type="checkbox"/> If No give full name, home address and date of birth of the manager. Name: Address: Date of Birth:		
Q2. To be completed if applicant is a Company or Partnership			
a. Full name of Company/Partnership	Company <input type="checkbox"/> or Partnership <input type="checkbox"/> Name:		
b. Address of Principal or Registered Office	Postcode:		
c. Telephone No.			
d. E-mail address			

e. Full names, home addresses and dates of birth and place of birth of all directors or partners
(continue on separate sheet if necessary)

Name	Address	Date of Birth	Place of Birth

f. Full name, home address and date and place of birth of employee or agent who is to carry out day-to-day management

Name	Address	Date of Birth	Place of Birth

Q3. Has any party named in Q1 or Q2 above been convicted of any crime or offence (including any spent convictions as defined in the Rehabilitation of Offenders Act 1974)?

Enter Yes or No Only

Yes No

Q4. Have you had an application for a similar licence refused in the last year?

Yes No

If yes, please give date

Q5. Licence Details

a. Type of licence applied for

GRANT

RENEWAL

TEMPORARY

b. If renewal state badge number and expiry date of current licence.

Badge No:

Expiry Date:

Check list

I have enclosed

a) a copy of my Public, and where appropriate, employer's liability insurance

b) the appropriate fee

Q6.

(A) I declare that the particulars given by me on this form are correct to the best of my knowledge and belief.

Date: _____

Signature of applicant or agent: _____ Print Name _____

Agent's address: _____

Position of applicant in company/partnership if not otherwise stated:

Date received:

Amount Paid:

Receipt Number:

NB. Any person who in connection with the making of this application makes any statement that he/she knows to be false or recklessly makes any statement that is false in a material particular may be guilty of an offence.

When completed, this form should be returned to the Office of City Solicitor, Aberdeen City Council, Ground Floor, Town House, Aberdeen, AB10 1AQ along with the appropriate fee. Cheques should be made payable to "Aberdeen City Council". For assistance in completing the form, please telephone Licensing on (01224) 522377.

DATA PROTECTION ACT 1998

Aberdeen City Council (the Data Controller) will process the information on this form for the purpose of granting or refusing this application. The information will be disclosed to Grampian Police and Grampian Fire & Rescue Service. It may also be circulated to other Council departments where appropriate and to any other relevant body. It may also be intimated to the H M Revenue and Customs. The information will also be published as part of the Licensing Committee Agenda and Minutes and held on a public register all of which will be available to members of the public on request.