

For Official Use: Cash Office/Service Point

FEE PAID	£
RECEIPT NO.	
DATE RECEIVED	
RECEIVED BY (SERVICE POINT & INITIALS)	



CIVIC GOVERNMENT (SCOTLAND) ACT 1982

APPLICATION FOR THE GRANT/RENEWAL OF A WINDOW CLEANER'S LICENCE

Please read the attached guidance notes before completing this form

PLEASE NOTE THAT ALL EMPLOYEES OR AGENTS ACTING AS WINDOW CLEANERS REQUIRE INDIVIDUAL WINDOW CLEANERS LICENCES

Please answer **all** questions, continuing on a separate sheet if necessary

	Surname		Forename(s)
1. (a) Full Name (Block Letters)			
(b) Home Address			
(c) Telephone Number			
(d) Age, Date and Place of Birth	Years	Date of Birth	Place of Birth
2. Will the activity be operated for the benefit of a person other than the Applicant? If so, give full name, address and date of birth of that person.	YES/NO		
3. State whether applying for the grant or renewal of a Licence. If renewal state previous Licence Reference No.			
4.(a) Give name and address of person, company or firm, employing you to act as Window Cleaner OR state if self employed			
(b) Is the Applicant to carry out the day-to-day management of the activity?	YES/NO		
(c) Give business hours telephone number of applicant or agent.			
5. Address of premises from which the activity is to be operated			
6. Area in which Applicant proposes to operate/work			

7. Subject to the provisions of the Rehabilitation of Offenders Act 1974, has any party named in this form ever been convicted of any crime or offence? (continue on a separate sheet if necessary). Please read the guidance notes accompanying this form before completing this section.				
Name	Date	Court	Offence	Sentence
8(a) Have any persons named in this form previously held or currently hold a Window Cleaner's Licence? If yes, which Authority granted the Licence? What was the Reference Number? When was it granted? When did it expire?		YES/NO		
(b) Has any persons named in this form ever applied for and been refused a Window Cleaner's Licence? If yes, when were they refused? Which authority refused the Licence?		YES/NO		
9 Do any of the persons named in this form suffer from or has any such party ever suffered from any injuries, handicap or serious illness? If YES please give details		YES/NO		

DECLARATION:

- (A) I/We declare that the particulars given by me/us on this form are correct to the best of my/our knowledge and belief.
- (B) **Data protection - the information you have supplied will be used for the purpose for which you have provided it and any relevant procedures following from this. This data will be maintained in accordance with the Data Protection Act 1998 and will not be passed on or sold to any other organisation without your prior approval unless this is a legal requirement.**

Date Signature of Applicant

NB Any person who in, or in connection with, the making of this application makes, any statement which he/she knows to be false or recklessly makes any statement which is false in a material particular shall be guilty of an offence and liable, on summary conviction, to a fine.

TO BE LODGED WITH YOUR LOCAL CHIEF EXECUTIVES OFFICE OR HIGHLAND COUNCIL SERVICE POINT WITH THE APPROPRIATE FEE AS DETAILED IN THE GUIDANCE NOTES ACCOMPANYING THIS FORM.