



Civic Government (Scotland) Act 1982

**Application for Grant/Renewal of Window Cleaner's Licence**

**FEE: £116**

Date Received: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Receipt No: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_

EACH QUESTION IN RELEVANT SECTIONS MUST BE ANSWERED (IN BLOCK CAPITALS AND BLACK INK)

**SECTION 1 - TO BE COMPLETED IF A NATURAL PERSON (SOLE TRADER)**

FULL NAME:	STATUS: <b>MR / MRS / MISS / MS *</b> <small>*(DELETE AS APPROPRIATE)</small>
HOME ADDRESS:  POSTCODE:	AGE:  DATE OF BIRTH:  PLACE OF BIRTH:
DAYTIME TELEPHONE NUMBER:	HOME TELEPHONE NUMBER:
IS THE APPLICANT TO CARRY OUT DAY TO DAY MANAGEMENT OF THE ACTIVITY?  <input type="checkbox"/> YES <input type="checkbox"/> NO  <small>(PLEASE TICK THE APPROPRIATE BOX)</small>	IF <b>NO</b> , GIVE <b>FULL NAME, ADDRESS</b> AND <b>DATE OF BIRTH</b> OF ANY EMPLOYEE OR AGENT SO ENGAGED.

**SECTION 2 - TO BE COMPLETED IF NOT A NATURAL PERSON (COMPANY OR PARTNERSHIP)**

FULL NAME:	ADDRESS OF PRINCIPAL OR REGISTERED OFFICE:
DAYTIME TELEPHONE NUMBER:	
<b>FULL NAMES, PRIVATE ADDRESSES AND DATES OF BIRTH</b> OF DIRECTORS, PARTNERS OR OTHER PERSONS RESPONSIBLE FOR ITS MANAGEMENT (USE SEPARATE SHEET IF NECESSARY).	
<b>FULL NAME, PRIVATE ADDRESS AND DATE OF BIRTH</b> OF EMPLOYEE OR AGENT TO CARRY OUT DAY TO DAY MANAGEMENT OF THE ACTIVITY.	

**SECTION 3 - TO BE COMPLETED BY ALL CATEGORIES OF APPLICANT**

<p>PLEASE INDICATE WHETHER THE APPLICATION IS FOR:</p> <p><input type="checkbox"/> <b>GRANT</b></p> <p><input type="checkbox"/> <b>RENEWAL</b></p> <p>(PLEASE TICK THE APPROPRIATE BOX)</p>	<p>IF A <b>RENEWAL</b>, PLEASE STATE:</p> <p>YOUR EXISTING LICENCE NUMBER: _____</p> <p>EXPIRY DATE OF YOUR EXISTING LICENCE: _____</p>
<p>IS APPLICATION FOR AN</p> <p><input type="checkbox"/> <b>EMPLOYER</b></p> <p><input type="checkbox"/> <b>EMPLOYEE</b></p> <p>(PLEASE TICK THE APPROPRIATE BOX)</p>	<p>IF <b>EMPLOYEE</b>, GIVE FULL <b>NAME, ADDRESS AND BADGE NUMBER</b> OF EMPLOYER:</p>

**NOTE: ALL EMPLOYEES OR AGENTS ACTING AS WINDOW CLEANER'S REQUIRE INDIVIDUALLY A WINDOW CLEANER'S LICENCE**

**SECTION 4 - TO BE COMPLETED BY ALL CATEGORIES OF APPLICANT**

<p>ADDRESS OF PREMISES FROM WHICH ACTIVITY IS TO BE OPERATED:</p>	
<p>STATE PRECISELY THE LOCALITY IN WHICH YOU PROPOSE TO ACT AS A WINDOW CLEANER (PLEASE INDICATE <b>STREET NAMES</b> IN THE AREAS YOU PROPOSE TO OPERATE):</p>	
<p>STATE THE <b>DAYS AND HOURS</b> WHICH YOU PROPOSE TO TRADE.</p>	<p>STATE THE <b>EXPIRY DATE</b> OF YOUR PUBLIC LIABILITY INSURANCE (THE LICENCE HOLDER SHALL MAINTAIN A POLICY OF PUBLIC LIABILITY INSURANCE IN FORCE WITH AN INDEMNITY OF £1,000,000):</p>

**SECTION 5 - TO BE COMPLETED BY ALL CATEGORIES OF APPLICANT**

Have you ever been convicted of a crime or offence?  
Please answer "Yes" or "No".

Have you ever been offered, and accepted, a fixed penalty (i.e. a conditional offer from the Procurator Fiscal under s.302 of the Criminal Procedure (Scotland) Act 1995 or a fixed penalty in respect of any road traffic matter) in respect of any offence or alleged offence?

Please answer "Yes or "No"

**It is ESSENTIAL that you disclose all previous convictions and fixed penalties in the box below. This means convictions for offences of any nature (For example - assault, breach of the peace, theft, road traffic offences, etc.) In addition any offence for which you were admonished or received an absolute discharge requires to be disclosed. Finally, any fixed penalty which you have accepted in respect of any offence or alleged offence must be disclosed.**

NAME	DATE	COURT	OFFENCE	SENTENCE

**NOTE: ALL CRIMINAL OFFENCES MUST BE DECLARED**

HAVE YOU EVER APPLIED FOR AND BEEN REFUSED A LICENCE FOR THE SAME OR SIMILAR TYPE OF ACTIVITY?

**YES**

**NO**

(PLEASE TICK THE APPROPRIATE BOX)

IF **YES** WHEN WERE YOU REFUSED?

FOR WHICH TYPE OF ACTIVITY WERE YOU REFUSED?

WHICH AUTHORITY REFUSED YOU A LICENCE/PERMIT?

DO YOU CURRENTLY OR HAVE YOU PREVIOUSLY HELD ANY LICENCE UNDER THE PROVISION OF THE CIVIC GOVERNMENT (SCOTLAND) ACT 1982?

**YES**

**NO**

(PLEASE TICK THE APPROPRIATE BOX)

IF **YES**, FOR WHICH TYPE OF ACTIVITY?

WHEN WAS THE LICENCE GRANTED?

WHICH AUTHORITY GRANTED THE LICENCE?

I DECLARE THAT ALL PARTICULARS GIVEN BY ME ON THIS FORM ARE TRUE AND HEREBY CONSENT TO THE COUNCIL CARRYING OUT SUCH BACKGROUND INQUIRIES AS THEY CONSIDER NECESSARY TO ASCERTAIN MY SUITABILITY AS AN APPLICANT.

ANY PERSON WHO IN OR IN CONNECTION WITH THE MAKING OF THIS APPLICATION MAKES ANY STATEMENT WHICH HE 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 NOT EXCEEDING **£2,500**

**SIGNATURES:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**(WHERE A CO-PARTNERSHIP, EACH PARTNER SHOULD SIGN. IF A FIRM, STATE POSITION OF SIGNATORY)**

*This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.*

**DATA PROTECTION ACT 1998**

THE INFORMATION SUPPLIED WILL BE USED FOR THE PURPOSES OF THIS APPLICATION AND IN ACCORDANCE WITH THE DATA PROTECTION ACT 1998

**IMPORTANT NOTES**

- (1) YOU MUST ENCLOSE THE FOLLOWING WITH THE APPLICATION FORM:-
  - (a) THE RELEVANT FEE. **(Please note that the fee is to cover the costs of processing the application and is NOT REFUNDABLE).**
  - (b) TWO COLOUR PHOTOGRAPHS, PASSPORT SIZE, COMPRISING A RECENT LIKENESS OF THE APPLICANT. (PLEASE NOTE THAT HATS SHOULD NOT BE WORN IN THE PHOTOGRAPH).
  - (c) COPY OF YOUR INSURANCE POLICY - THIRD PARTY INDEMNITY TO THE VALUE OF £1,000,000.
- (2) YOU **MUST** HAVE A VALID **LICENCE AND BADGE** BEFORE YOU COMMENCE OPERATING.

**TO BE COMPLETED AND RETURNED TO  
THE HEAD OF LEGAL SERVICES, NORTH LANARKSHIRE COUNCIL,  
CIVIC CENTRE, WINDMILLHILL ST, MOTHERWELL. ML1 1AB**