

Application for the Grant or Renewal of a Window Cleaner's Licence

Orkney Islands Council

Civic Government (Scotland) Act 1982

Please read the attached guidance notes before completing this form. Answer Question 1 or 2 and all other questions, continuing on separate sheet(s) if necessary. All addresses provided must include post codes.

1. To be completed if applicant is a person (not a company or other business entity).			
1.1. Full name (Block capitals).	Surname.	Forename(s).	
1.2. Home address including post code.			
1.3. Telephone numbers (landlines for home and business; and mobile).			
1.4. Email address.			
1.5. Age, date and place of birth.	Age.	Date of Birth.	Place of Birth.
1.6. Is applicant to carry out day-to-day management of the business? If not, provide full name, address and date and place of birth of any employee or agent so engaged. Provide telephone numbers (landlines for home and business; and mobile) and email address of employee or agent so engaged.	Yes / No (delete as appropriate).		
1.7. Is applicant self-employed? If not, provide name and address of person, company or other business entity employing you to act as a window cleaner, together with their telephone numbers (landlines for home and business; and mobile) and email address.	Yes / No (delete as appropriate).		

2. To be completed if applicant is a company or other business entity.	
2.1. Full name of business (Block capitals).	
2.2. Address of principal or registered office of business including post code.	
2.3. Telephone numbers for business (landline and mobile).	
2.4. Email address for business.	
2.5. Names, private addresses and dates and places of birth of directors, partners or other persons responsible for management of business. Provide telephone numbers (landlines for home and business; and mobile) and email addresses of directors, partners or other persons responsible for management of business. Continue on separate sheet(s) if necessary.	
2.6. Full name, address and date and place of birth of employee or agent to carry on day-to-day management of the business. Provide telephone numbers (landlines for home and business; and mobile) and email address of employee or agent.	

<p>3. Will the activity be operated for the benefit of a person or business other than the applicant?</p> <p>If Yes, another person will benefit, provide the full name, address and date and place of birth of that person, together with their telephone numbers (landline and mobile) and email address.</p> <p>If Yes, another business will benefit, provide names, private addresses and dates and places of birth of directors, partners or other persons responsible for management of the other business. Provide telephone numbers (landlines for home and business; and mobile) and email addresses of directors, partners or other persons responsible for management of the other business. Continue on separate sheet(s) if necessary.</p>	Yes / No (delete as appropriate).
<p>4. Do any of the persons named on this form suffer from any physical or mental condition that affects their fitness to work as a window cleaner or which would do so in the future?</p> <p>If Yes, please provide details (continue on a separate sheet if necessary).</p>	Yes / No (delete as appropriate).
<p>5. State the address of the premises from which the business is to be operated, including post code.</p>	
<p>6. State the area in which the applicant proposes to operate or work.</p>	

7. Subject to the provisions of the Rehabilitation of Offenders Act 1974, has any party named in this application form ever been convicted of any crime or offence? (continue on separate sheet(s) if necessary). Please read the guidance notes accompanying this form before completing this section. Regardless of whether the application is for a new licence or to renew a current licence, this question must be answered. **If any party, including any company or other business entity, named on this application form is stating that they have no convictions to declare, the names of the company or other business entity, as well as all individuals, must be printed below, followed by the answer “None”. All names must be accounted for. The question cannot be left blank in relation to any party.**

Name.	Date.	Court.	Offence.	Sentence.
8.1. What type of licence are you applying for? (Tick the relevant box next to your choice.)			Window Cleaner Grant.	
			Window Cleaner Renewal.	
8.2. What length of licence are you applying for? (Tick the relevant box next to your choice.)			One year.	
			Three years.	
9.1. Have any parties named on this application form held or currently hold a window cleaner's licence? If Yes, provide name(s).			Yes / No (delete as appropriate).	
9.2. When was the licence granted?				
9.3. When did / does it expire?				
9.4. Which Authority granted the licence?				
10.1. Have any parties named on this application form ever applied for and been refused a window cleaner's licence? If Yes, provide name(s).			Yes / No (delete as appropriate).	
10.2. When was the licence refused?				
10.3. Which Authority refused the licence?				

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. I/We understand that the Authority is required to collect the information supplied by me/us as detailed in this form in terms of legislation to enable it to make decisions on applications.

C. I/We understand that the information supplied by me/us as detailed in this form may be held and used by the Authority for the purpose of Licensing and that information may be disclosed to Police Scotland and other relevant parties for vetting and background enquiries whilst processing and determining the application.

D. I/We understand that the Authority is under a duty to protect the public funds it administers and to this end may use the information I/we have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Signature of Applicant: _____ Date: _____

Signature of Agent: (if applicable). _____ Date: _____

Any person who in, or in connection with the making of, this application makes any statement which s/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.

Convictions must be declared, subject to the Rehabilitation of Offenders Act 1974. This legislation is available at www.legislation.gov.uk. If you are in any doubt as to whether you require to declare convictions, you must obtain independent legal advice. If you wish to declare that you have no convictions, you must write "None" at question 7 above. You cannot leave the question blank. With reference to the above paragraph, remember that if you do not declare something which you should have declared, you may be prosecuted for failure to declare and this will affect the processing time and procedure for your application.

To be lodged with Legal Services, Orkney Islands Council, Council Offices, Kirkwall, Orkney KW15 1NY, together with the appropriate fee and documentation.

Form Version: 2013.

Updated: 2018-06-01.

For Official Use.	
Date Received.	
Fee Paid £.	
Expiring.	