

Date Received	Fee Paid	Application Number	Sent: Police/EH	Comments	Reference  Date:	DECISION Granted Refused Continued DATE	Licence Number	Expiring
---------------	----------	--------------------	-----------------	----------	------------------------	---	----------------	----------

**Orkney Islands Council**

**Civic Government (Scotland) Act 1982**

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

	<b>EACH QUESTION MUST BE ANSWERED</b>	<b>PLEASE PRINT IN BLOCK CAPITALS</b>
1.	<b>To be completed if a Natural Person</b> Full Name.	
	Home Address including postal code.	
	Telephone Number.	
	Age.	
	Date of Birth.	
	Place of Birth.	
	Give name and address of person, company or firm, employing you <b>or</b> state if self employed.	
	Is the applicant to carry out day-to-day management of the business?  IF NO, give full name, address, date of birth, place of birth and telephone number of employee or agent so engaged.	YES/NO
2.	<b>To be completed if Non Natural Person (e.g. Company or Partnership).</b> Full Name.	
	Address of Principal or Registered Office including postal code.	
	Names, private addresses, dates of birth and places of birth of directors, partners or other persons responsible for its management.  Full name, address, date of birth and place of birth of employee or agent to carry on day-to-day management of the business.	
3.	Address of premises from which activity is to be operated.	

4.	Area in which applicant proposes to work / operate e.g Orkney Islands Area or particular towns or locations											
5.	<b>Businesses and Self-Employed</b>  Details of third party insurance (including name of insurance company, amount and extent of liability) in force or proposed	The Council will require sight of the Policy prior to issuing any licence.										
6.	<b>Businesses and Self-Employed</b>  Details of employer's liability insurance (including name of insurance company, amount and extent of liability) in force or proposed	The Council will require sight of the Policy prior to issuing any licence.										
7.	Does any party named in 1 or 2 above suffer from or has any such party ever suffered from any injuries, handicap or serious illness? If so, give details.											
8.	Has any party named in 1 or 2 above previously held or currently hold a window cleaner's licence?  If YES, when was the licence granted ?  When did/does it expire ?  Which authority granted the licence ?	YES/NO										
9.	Has any party named in 1 or 2 above ever applied for and been refused a window cleaner's licence?  If YES, when did the refusal occur ?  Which authority refused the licence ?	YES/NO										
10.	Subject to the provisions of the Rehabilitation of Offenders Act 1974, state below particulars of any convictions against any persons named in answers 1 or 2 including contraventions of Window Cleaning provisions, Byelaws, Road Traffic Offences and Fixed Penalties incurred. Continue on a separate sheet if necessary. If none please state 'NONE'. Do not leave the question blank or put a line through it – the application will be returned to you.											
<table border="1"> <thead> <tr> <th>Name</th> <th>Date</th> <th>Court</th> <th>Offence</th> <th>Sentence</th> </tr> </thead> <tbody> <tr> <td>(If none, please write "NONE" in this box).</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name	Date	Court	Offence	Sentence	(If none, please write "NONE" in this box).				
Name	Date	Court	Offence	Sentence								
(If none, please write "NONE" in this box).												

Signature of Applicant/Agent..... Date .....

Agent's Address, including postal code .....

**NB**  
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 level 4 on the standard scale.