|  |  |
| --- | --- |
| **CIVIC GOVERNMENT (SCOTLAND) ACT 1982**  | Legal and Regulatory Support |
| **Application for a Renewal of a Window Cleaner Licence** |
| **1.** | **This application can only be applied for by an individual:** |
| (i) | Full Name: |  |  |
|  |  |
| (ii) | Home Address:(Including full postcode) |  |
|  |
|  |
|  |
|  |  |
| (iii) | Email Address: |  |  |  |  |
| (iv) | Telephone Numbers: | Home: |  | Mobile: |  |
| (v) | Date of Birth | Day | Month | Year | Place of Birth: |  |
|  |  |  |
|  |
| **2.** | **Criminal Convictions**Subject to the provisions of the Rehabilitation of Offenders Act 1974, has any party named above been convicted of any crime or offence in any Court in the United Kingdom? If YES, please give the following details: | YES / NO(please delete as applicable) |
|  | Name:  | Date of Conviction: | Convicting Court: | Details of Offence: | Sentence: |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
|  |  |
| **3.** | **Other Licences:** |  |
| (i) | Has or does the applicant previously held, or currently hold, any type of Local Authority Licence/s? If YES, please give the following details: | YES/NO(delete as applicable) |
|  | Name: | Type of Licence: | Date Granted: | Expiry Date: | Issuing Authority: |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| (ii) | Has the applicant ever applied for any type of Local Authority Licence/s and had their application refused? If YES, please give the following details: | YES/NO(delete as applicable) |
|  | Name: | Type of Licence: | Date of Application: | Authority Name: | Reason for Refusal: |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| (iii) | **Please state existing licence number** |  |  |  |  |
| **4.** | Does the applicant suffer from, or have any disability, allergy or other condition likely to affect their fitness to operate? If YES, please give the following details: | YES/NO(delete as applicable) |
|  | Name: | Nature of Condition: |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

|  |  |
| --- | --- |
| **5.** | **Activity/Premises Details:** |
| **6.** | Third Party Indemnity Insurance: |
| Please give full details of the policy held**(please also include a copy of this policy with your application):** Policy Expiry Date: |  |
| **Safety Arrangements**1. Have the principal hazards associated with window cleaning and similar work been identified and the appropriate safety rules set down and implemented? Yes/No
2. Are the necessary safety procedures determined with the occupier or the person responsible before commencement of any contract and thereafter a safe system of work agreed? Yes/No
3. Is safety equipment provided and the workforce instructed to use it where appropriate? e.g provision and use of safety harnesses (please give brief description)
4. Where applicable, is safety training and guidance given to any employees? Yes/No

Please note that self -employed persons have an equal responsibility to ensure they are adequately trained and equipped and comply with the provisions of the Health & Safety At Work Act 1974 |
|  |  |  |
| **7.** | Will the activity be operated for the benefit of a person other than the applicant? | YES / NO |
|  | If so, give full name and address and date of birth of that person: |  |

|  |  |
| --- | --- |
| **8.** | **Declaration and Information:** |
|  | I declare that the particulars given by me on this form are true and I hereby make application to Argyll and Bute Council for the grant of the licence applied for above. I understand that I, or any person who, in connection with the making of this application makes any statement which I/they know 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 £2500.00.I also confirm that, if granted a licence, I will comply fully with the conditions of that licence and have, previous to lodging this application, made myself familiar with the terms of Argyll and Bute Councils’ standard conditions pertaining to the licence. |
|  |  |
|  |  |  |  |
|  | Signature of Applicant: |  |  |  | **Note – Please ensure your signature is within the marked box.** |
|  |  |  |  |
|  |  |
|  | Date: |  |  |
|  |  |
| **Notes:** |
| 1. | Any form lodged which has not been fully completed will be considered incompetent and returned to the applicant. |
|  |  |
| 2. | The completed form with the required supporting paperwork, as detailed over, must be lodged with: |
|  |  | **The Head of Legal and Regulatory Support****Argyll and Bute Council, Kilmory****Lochgilphead PA31 8RT****Or emailed to the following****licensing@argyll-bute.gov.uk** |  |
|  |  |
| 3. | Please note that the Council may consider the application at a public meeting if there is a valid objection/representation made to the granting of a licence. A hearing of the PPSL Committee will be heard to determine whether the licence should be granted. If there is to be a hearing the applicant will be notified and will be invited to attend. |
| 4. The information you have supplied on this form will be used for the purpose for which you have provided it and  any relevant procedures following from this.  A full privacy notice, which provides information about your rights under data protection legislation and details about what will happen to your personal data, is attached for your information.**Supporting Documentation:**The following supporting documentation along with the appropriate fee MUST be lodged with the form otherwise the application will be considered incompetent and returned: |
| The fee of £324.00 (cheques should be made payable to Argyll and Bute Council);Public Liability Insurance policy;1 passport style and size photographProof of entitlement to work and previous convictions (if applicable) |                       |