

NOTES OF GUIDANCE FOR APPLICANTS OF WINDOW CLEANER'S LICENCES

All licences will run for a period of three years from the date of approval (unless certain restrictions are imposed by the Licensing Committee). Copy applications will be forwarded to Strathclyde Police who will carry out a full D.V.L.A. and Criminal check on each applicant. Any convictions not declared (subject to the Rehabilitation of Offenders Act) by you will be disclosed by the Police and may affect your application. Please note that licences are not transferrable.

Documentation to be produced on submission of application:-

1. All information on application to be fully completed at time of submission.
2. Two passport sized photographs certified as a true likeness.
3. Details of Third Party Indemnity Policy as in force or as proposed to cover no less than £5,000,000.
4. Details of Employer's Liability Insurance as in force or as proposed to cover no less than £5,000,000.
5. A Secondary form of photographic identification e.g. passport (where a passport is not available a Council Tax Payment Book or Utility Bill etc showing applicants name and address will be acceptable).

Licence Fees (which cover a three year period):-

1. Window Cleaner's Licence £300.00

PLEASE NOTE THAT APPLICATIONS WILL NOT BE ACCEPTED BY POST. ALL SUBMISSIONS MUST BE MADE IN PERSON TO THE CENTRAL SERVICES DEPARTMENT, LICENSING SECTION, COUNCIL HEADQUARTERS, EASTWOOD PARK, ROUKEN GLEN ROAD, GIFFNOCK. NO REFUND OF FEES WILL BE MADE FOR APPLICATIONS WHICH ARE EITHER REFUSED OR WITHDRAWN.

WCL/

EAST RENFREWSHIRE COUNCIL

CIVIC GOVERNMENT (SCOTLAND) ACT 1982

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

Each question must be answered

(To be completed if a natural person e.g. Individual)

1(a) Full Name (Block Letters)

(b)(i) Home Address

(ii) If you have not lived at this address for three years please state previous address

(c) Telephone No _____ (d) National Insurance No _____

(e) Age _____ Date of Birth _____ Place of Birth _____

(f) Is applicant to carry out day-to-day management of the business?

YES/NO

If NO, give full name, address and date of birth of any employee or agent so engaged

Give business hours telephone number of applicant or agent

(To be completed if a non-natural person e.g. company, group, firm, business etc)

2(a) Full Name (Block Letters)

(b) Address of Principal or Registered Office

(c) Details of all Directors, Partners or persons responsible for the management of the business

Name _____

Name _____

Address _____

Address _____

Telephone No _____

Telephone No _____

Date of Birth _____

Date of Birth _____

National Insurance No _____

National Insurance No _____

(d) Details of employee or agent to carry out day-to-day management of the trade.

Name _____

Name _____

Address _____

Address _____

Telephone No _____

Telephone No _____

Date of Birth _____

Date of Birth _____

National Insurance No _____

National Insurance No _____

3 Address of premises from which activity is to be operated

4 Area in which applicant proposes to operate/work:

5 Details of Third Party Indemnity Policy (including identity of insurance company, amount and extent of liability) as in force or as proposed. Cover must be for no less than £5,000,000 (the Council will require sight of the policy prior to issuing any licence)

6 Details of employer's liability insurance as in force or as proposed. Cover must be for no less than £5,000,000 (including identity of insurance company, amount and extent of liability) where the application is to carry on the trade of window cleaner but not solely as an employee (the Council will require sight of the policy prior to issuing any licence)

7(a) Has any party named in 1 or 2 above previously held or does he currently hold a window cleaner's licence?

YES/NO

If YES, which authority granted the licence? _____

what was its reference no? _____

when was it granted? _____

when does it expire? _____

(b) Has any party named in 1 or 2 above ever applied for and been refused a window cleaner's licence?

YES/NO

If YES, which authority refused the licence? _____

when was it refused? _____

8 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?

YES/NO

If YES, give details

9. Subject to the provisions of the Rehabilitation of Offenders Act 1974, state below particulars of any convictions against any party named in 1 or 2 above. This has to include any endorsable road traffic (continue on a separate sheet if necessary).

Date	Court	Offence	Sentence

NB ALL CRIMES AND OFFENCE MUST BE DECLARED

I declare that the particulars given by me on this form are correct to the best of my knowledge and belief

_____ (Signature of Applicant or Agent)

_____ (Agents Address)

_____ (Position of applicant in company/partnership if not otherwise stated)

_____ (Date)

N.B. 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 £500.

FOR OFFICE USE ONLY

Date Received:	Fee Paid:
Receipt No:	Licence No:
Police Comments:	Date dealt with by Licensing Committee:
Decision:	