



**Civic Government (Scotland) Act 1982
Application for the Grant / Renewal of a
Window Cleaner's Licence**

Each question must be answered

Full Name	Surname	First Name	
Home Address (Including Postcode)			
Telephone Number			
Email Address			
Age, Date & Place of Birth	Years	Date of Birth	Place of Birth
State whether you wish the Licence to run for 1 year or 3 years	1 Year	3 Years	
Is the applicant names to carry out the day-to-day management of the activity	Yes / No		

If not, give full name, address, telephone number and date of birth of any employee or agent so engaged.

Full Name	Surname	First Name	
Address (including Postcode) of Principal or Registered Office			
Telephone Number			
Age, Date & Place of Birth	Years	Date of Birth	Place of Birth



Address of premises from which activity is to be operated	
Area in which applicant proposes to operate/work	
State -	Hours between
(a) Hours during and	(a) a.m. and p.m.
(b) days during and	and
(c) the period during	(b) DAYS and
	(c) PERIOD
	*Temporary/1 year
	*Delete as appropriate

Please state particulars of any convictions or pending cases, including contraventions of Byelaws, Road Traffic Offences and Environmental Health/Food Hygiene Offences? YES/NO. If so, give particulars below. (If none please state "NONE")

Date	Court	Offence	Sentence

Your Third Party Indemnity Policy or Employers Liability Insurance Policy must accompany this application

Have you previously held or do you currently hold a licence for Window Cleaning?	Yes / No
If YES, when was the licence granted?	
When did/does it expire?	
What is the number of the licence?	
Have you ever applied for and been refused a licence for Window Cleaning?	
If YES, when were you refused?	



Which authority refused you a licence?	
Does any party named above suffer from, or has ever suffered from, any injuries, handicap or serious illness? If so, give details.	Yes / No

I declare that the particulars given by me on this form are true and I hereby make application to Clackmannanshire Council for the grant or renewal of the licence applied for.

Signature of applicant

Date

Please return the completed form together with the relevant fee to:

**The Licensing Administrator
Clackmannanshire Council
Kilncraigs
Alloa
FK10 1EB**

If you require any further information please contact the Licensing Administrator on telephone number 01259 452093 or email address licensing@clacks.gov.uk