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<u>To</u>: Councillor Carle, <u>Convener</u>; and Councillors Boulton, Cormie, Forsyth, Malik, Malone and Townson.

Town House, ABERDEEN 24 July 2015

LICENSING URGENT BUSINESS SUB COMMITTEE

The Members of the LICENSING URGENT BUSINESS SUB COMMITTEE are requested to meet in Committee Room 5 - Town House on <u>THURSDAY, 30 JULY 2015</u> at 10.30 am.

RODERICK MACBEATH SENIOR DEMOCRATIC SERVICES MANAGER

<u>B U S I N E S S</u>

- 1 <u>Determination of Urgent Business</u>
- 2 <u>Application for a Window Cleaner's Licence Donald Matheson</u> (Pages 1 6)

Website Address: <u>www.aberdeencity.gov.uk</u>

Should you require any further information about this agenda, please contact Allison Swanson, tel. (52)2822or email aswanson@aberdeencity.gov.uk

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Agenda Item 2

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Aberdeen Application for a window cleaner's licence

Civic Government (Scotland) Act 1982, Section 43.

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収 For help contact Licensing@aberdeencity.gov.uk 2 - Telephone: 01224 522377

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<u>^</u>		* required information
Section 1 of 11		
You can save the form at any t	ime and resume it later. You do not need to	be logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	4545	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
Are you an agent acting on behalf of the applicant?		Put "no" if you are applying on your own behalf or on behalf of a business you own or
C Yes C N	lo 🗘 🗇	work for
100		ENED \
Applicant Details		BECE TR 2015
* First name	DONALD	RECEIVED -2FEB 2005
* Family name	MATHESON	- Min-
* E-mail		
Main telephone number	c	Include country code.
Other telephone number	4	$\mathbb{O}_{\mathbb{A}_{n}}^{\vee}$
Indicate here if you wou	ld prefer not to be contacted by telephone	
Are you:		
Applying as a business of	or organisation, including as a sole trader	A sole trader is a business owned by one person without any special legal structure.
Applying as an individual	al	Applying as an individual means you are applying so you can be employed, or for
		some other personal reason, such as
		following a hobby.
	and the second	
		ONLINE PAUMENT
214-01	E 10170.00 FOR \$170.00	DID'NT WORK.
CTIER	UTED	NOT SURE IF
ATT	10/12 00	APPLICATION SENT
P.C.	Gro Allo	THROUGH ON LINE OR
	10000	NOT.
		THANKS.
		and Association

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Your Address		Address official correspondence should be — sent to.
* Building number or name		
* Street		
District		7
* City or town		
County or administrative area		
* Postcode		
* Country		
~		
ection 2 of 11	\bigcirc	
FURTHER DETAILS ABOUT T	HE APPLICANT	
* Are you applying as an indiv	idual (includes sole traders)?	
Yes	C No	
Former name(s)		If currently or providually known by any oth
		I in currently of previously known by any othe
		If currently or previously known by any othe name(s), you must record them here.
Home Address	similar to) the address given in section one?	name(s), you must record them here.
Home Address	similar to) the address given in section one?	If "Yes" is selected you can re-use the detail
Home Address	similar to) the address given in section one?	If "Yes" is selected you can re-use the detail from section one, or amend them as required. Select "No" to enter a completely
Home Address Is the address the same as (or • Yes		If "Yes" is selected you can re-use the detail
Home Address Is the address the same as (or Yes * Building number or name		If "Yes" is selected you can re-use the detail from section one, or amend them as required. Select "No" to enter a completely
Home Address Is the address the same as (or • Yes * Building number or name * Street		If "Yes" is selected you can re-use the detail from section one, or amend them as required. Select "No" to enter a completely
Home Address Is the address the same as (or Yes * Building number or name		If "Yes" is selected you can re-use the detail from section one, or amend them as required. Select "No" to enter a completely
Home Address Is the address the same as (or • Yes * Building number or name * Street		If "Yes" is selected you can re-use the detail from section one, or amend them as required. Select "No" to enter a completely
Home Address Is the address the same as (or Yes * Building number or name * Street Street		If "Yes" is selected you can re-use the detail from section one, or amend them as required. Select "No" to enter a completely
Home Address Is the address the same as (or Yes Building number or name Street strict City or town		If "Yes" is selected you can re-use the detail from section one, or amend them as required. Select "No" to enter a completely
Home Address Is the address the same as (or Yes * Building number or name * Street Street * City or town County or administrative area * Postcode		If "Yes" is selected you can re-use the detail from section one, or amend them as required. Select "No" to enter a completely
Home Address Is the address the same as (or Yes * Building number or name * Street Street City or town County or administrative area * Postcode * Country		If "Yes" is selected you can re-use the detail from section one, or amend them as required. Select "No" to enter a completely
Home Address Is the address the same as (or Yes * Building number or name * Street -istrict * City or town County or administrative area * Postcode * Country Further Details		If "Yes" is selected you can re-use the detail from section one, or amend them as required. Select "No" to enter a completely
Home Address Is the address the same as (or Yes * Building number or name * Street Street City or town County or administrative area * Postcode * Country		If "Yes" is selected you can re-use the detail from section one, or amend them as required. Select "No" to enter a completely
Home Address Is the address the same as (or Yes * Building number or name * Street Street Strict * City or town County or administrative area * Postcode * Country Further Details * Date of birth		If "Yes" is selected you can re-use the detail from section one, or amend them as required. Select "No" to enter a completely
Home Address Is the address the same as (or Yes * Building number or name * Street -istrict * City or town County or administrative area * Postcode * Country Further Details		If "Yes" is selected you can re-use the detail from section one, or amend them as required. Select "No" to enter a completely

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DIRECTORS, PARTNERS, OW	NERS AND MANAGERS	
is a partnership), OFFICE BEAR the business or organisation, i conditions which may clarify e	I COMPANY DIRECTORS and the SECRETARY (if the ERS (if it is a club or association), all OWNERS of the Including day-to-day MANAGERS OF THE PREMIS exact requirements. For whom you need to provide details?	the business or premises and all MANAGERS of
TYPE OF APPLICATION		
	~	
Type of application: Specify the period for which the licence is required (if applicable)	♦ New C Renewal C Temporary	
Section 5 of 11	$\mathcal{Q}_{\mathbf{a}}$	
DETAILS OF WINDOW CLEAN		
Provide details of the premise	s from which window cleaning will be operated	
* Name of premises/ trading name	MSL Window Cleaning	
Premises Address	similar to) the address given in costing on?	
 Yes 	similar to) the address given in section one?	If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.
* Building number or name		
* Street		- Oh
Sistrict		
* City or town		
County or administrative area		
* Postcode		- Maria
* Country	L	
Contact Details		14
Are the contact details the same	me as (or similar to) those given in section one?	If "Yes" is selected you can re-use the details from section one, or amend them as
Yes	C No	required. Select "No" to enter a completely new set of details.
E-mail		
* Main telephone number		
Other telephone number		

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Areas Of Operation	
* Give details of the areas in w	hich you propose to operate as a window cleaner
ABERDEEN CITY	
Section 6 of 11	
PUBLIC LIABILITY INSURANC	E
You must have a suitable level	of public liability insurance to cover this activity – check local requirements.
* Do you have public trability i	nsurance?
• Yes	> Ø> No
Provide details of the policy	
* Insurance company	Towergate underwriting
)	
* Policy number	ESS/0008620
* Period of cover	02/06/2014 - 01/06/2015
* Amount of cover (£m)	
Section 7 of 11	
EMPLOYER'S LIABILITY INSU	
* Do you intend to employ oth	ier window cleaners?
C Yes	No
Section 8 of 11	
PREVIOUS APPLICATIONS	
* Have you, or any person nam registration? (check all that ap	ned in or associated with this application, previously applied for a similar licence or
17 No	Yes - application granted and revoked
Yes - application granted	☐ Yes - application refused
Application Granted	
Only provide details about the	most recent application – unless stated otherwise in local guidance notes.
* Local authority applied to	Aberdeen City Council
* Date of licence/registration	Sept 2014
* Reference number	Temporary 6 week licence
* Expiry date	Oct 2014
	Add another granted section
Section 9 of 11	

	ige	
	named in or associated with this application, been convicted of any crime o	r offence?
C Yes	No	
Section 10 of 11		
ADDITIONAL DETAILS		
Provide any additional inf	ormation which is required or relevant to your application (check for local growide details of specific requirements in your area)	uidance notes and
Section 11 of 11		* <u>* * * * * * * * * * * * * * * * * * </u>
PAYMENT DETAILS		
* Fee amount (£) ATTACHMENTS	170.00	
AUTHORITY POSTAL ADD	DRESS	
Address		
Building number or name		
Street		
Street District Tity or town		
District Tity or town		
District Tity or town		$\widehat{\mathbb{D}}_{\diamond}$
District Tity or town County or administrative a Postcode		\mathbb{P}_{\diamond}
District fity or town County or administrative a		
District ity or town County or administrative a Postcode Country DECLARATION I understand that any per- knows to be false or reck	rson who in connection with the making of this application makes any state lessly makes any statement that is false in a material particular may be guilty	ment that he/she
District ity or town County or administrative a Postcode Country DECLARATION I understand that any per- knows to be false or reck The contents of this appl	rson who in connection with the making of this application makes any state	ment that he/she of an offence.

Capacity	APPLICANT
Date (dd/mm/yyyy)	30/1/15
. Save this form to your . Go back to <u>https://ww</u> vith your application.	Add another signatory a need to do the following: computer by clicking file/save as /w.gov.uk/apply-for-a-licence/window-cleaner/aberdeen/apply-1 to upload this file and continue e you have all your supporting documentation to hand.