



Aberdeen
Application for a window cleaner's licence
Civic Government (Scotland) Act 1982, Section 43.

£170
00 412 877

4/2 | 1/2
 For help contact
 Licensing@aberdeencity.gov.uk
 Telephone: 01224 522377

* required information

Section 1 of 11

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference This is the unique reference for this application generated by the system.

Your reference 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?

- Yes No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

* Family name

* E-mail

Main telephone number Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

- Applying as a business or organisation, including as a sole trader
- Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.



CHEQUE ATTACHED FOR £170.00

ONLINE PAYMENT DID'NT WORK.
 NOT SURE IF APPLICATION SENT THROUGH ON LINE OR NOT.
 THANKS.



Continued from previous page...

Your Address

Address official correspondence should be sent to.

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Section 2 of 11

FURTHER DETAILS ABOUT THE APPLICANT

* Are you applying as an individual (includes sole traders)?

Yes No

Former name(s)

If currently or previously known by any other name(s), you must record them here.

Home Address

Is the address the same as (or 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.

Yes No

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Further Details

* Date of birth / /
dd mm yyyy

* Place of birth

* Are you self employed?

Yes No

Section 3 of 11

Continued from previous page...

DIRECTORS, PARTNERS, OWNERS AND MANAGERS

You must provide details of all COMPANY DIRECTORS and the SECRETARY (if the applicant is a company), all PARTNERS (if it is a partnership), OFFICE BEARERS (if it is a club or association), all OWNERS of the business or premises and all MANAGERS of the business or organisation, including day-to-day MANAGERS OF THE PREMISES. Check for local guidance notes and conditions which may clarify exact requirements.

* Are there any such people for whom you need to provide details?

Yes No

Section 4 of 11

TYPE OF APPLICATION

Type of application: New Renewal Temporary

Specify the period for which the licence is required (if applicable)

FEB 2015

Section 5 of 11

DETAILS OF WINDOW CLEANING OPERATION

Provide details of the premises from which window cleaning will be operated

* Name of premises/
trading name

MSL Window Cleaning

Premises Address

Is the address the same as (or similar to) the address given in section one?

Yes No

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

* District

* City or town

County or administrative area

* Postcode

* Country

Contact Details

Are the contact details the same as (or similar to) those given in section one?

Yes No

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.

E-mail

* Main telephone number

Other telephone number

Continued from previous page...

Areas Of Operation

* Give details of the areas in which you propose to operate as a window cleaner

ABERDEEN CITY

Section 6 of 11

PUBLIC LIABILITY INSURANCE

You must have a suitable level of public liability insurance to cover this activity – check local requirements.

* Do you have public liability insurance?

Yes

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)

1

Section 7 of 11

EMPLOYER'S LIABILITY INSURANCE

* Do you intend to employ other window cleaners?

Yes

No

Section 8 of 11

PREVIOUS APPLICATIONS

* Have you, or any person named in or associated with this application, previously applied for a similar licence or registration? (check all that apply)

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

CONVICTIONS

Continued from previous page...

* Have you, or any person named in or associated with this application, been convicted of any crime or offence?

Yes

No

Section 10 of 11

ADDITIONAL DETAILS

Provide any additional information which is required or relevant to your application (check for local guidance notes and conditions which may provide details of specific requirements in your area)

[Empty text box for additional details]

Section 11 of 11

PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

The fee depends on whether the application is for a grant (new), renewal or temporary licence. Please view the list of fees on Aberdeen City Council's website.

* Fee amount (£)

170.00

ATTACHMENTS

AUTHORITY POSTAL ADDRESS

Address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country



DECLARATION

* I understand that any person who in connection with the making of this application makes any statement that he/she knows to be false or recklessly makes any statement that is false in a material particular may be guilty of an offence.

* The contents of this application are true to the best of my knowledge and belief

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name



* Capacity

APPLICANT

Date (dd/mm/yyyy)

30/1/15

Add another signatory

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/window-cleaner/aberdeen/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

www.globalgraphics.com