|  |  |
| --- | --- |
|  | Falkirk Council Licensing UnitFoundry4 Central ParkCentral BoulevardLarbertFK5 4RUTelephone: 01324 501575E- mail: licensing@falkirk.gov.uk |

**Civic Government (Scotland) Act 1982**

**Application for the grant/renewal of a Knife Dealers Licence**

1. All relevant questions must be answered in block letters or typescript.
2. Failure to fully and accurately complete any section (in particular question 6) of the application form and failure to submit the necessary supporting documentation may render it void.

**Before completing the application please read the guidance notes on:-**

**(i) Applying for a Knife Dealers Licence**

**(ii) Guidance for applying for a Knife Dealers Licence**

**SECTION 1**

**Question 1**

|  |  |
| --- | --- |
| Is the application in respect of a new grant or renewal? | NEW/RENEWAL |
| If a renewal give details: | Licence No.: Expiry Date: |

**SECTION 2**

**Question 2**

To be completed only if the application is being made by a natural person (i.e., individual)

|  |  |
| --- | --- |
| (a) Full name of applicant |  |
| (b) Private Address (including postcode) |  |
| (c) Date of Birth |  |
| (d) Town and Country of Birth |  |
| (e) E-mail Address |  |
| (f) Mobile Telephone Number |  |
| (g) Home Telephone Number |  |
| (h) Works Telephone Number |  |

**Question 3**

|  |  |
| --- | --- |
| Do you intend to carry out the day to day management of the business? | YES/NO\* |

\*If you have answered NO you must complete question 5

**Question 4**

To be completed only if the application is by a non-natural (i.e., partnership or company)

|  |  |
| --- | --- |
| (a) Full name of partnership or company. (If a partnership a copy of the agreement must be submitted with a new application) |  |
| (b) Address of principal/registered office including postcode |  |
| (c) Telephone number of principal/registered office.  |  |
| (d) Registered Company Number |  |
| (e) E-mail Address |  |

(f) Names, private addresses and place and date of birth of its directors, partners or other persons responsible for its management (continue on a separate sheet if necessary).

|  |  |  |
| --- | --- | --- |
| Full name | Private Address | Date and Place of Birth |
|  |  |  |
|  |  |  |
|  |  |  |

**Question 5**

To be completed in respect of the employee or agent who is carry on the day-to-day management of the activity in relation to which the application is made.

This question must be answered if the application is submitted by a non-natural person.

|  |  |  |
| --- | --- | --- |
| Full name | Private Address | Date and Place of Birth |
|  |  |  |

|  |  |
| --- | --- |
| E-mail Address |  |
| Home Telephone number |  |
| Work Telephone Number |  |
| Mobile Telephone Number |  |

**Question 6**

|  |  |
| --- | --- |
| Does any of the persons named in questions 2, 4 or 5 above have any current convictions, conditional offers and or fixed penalties recorded against them within or outwith the UK? In the case of renewal application it refers only to such convictions, conditional offers and or fixed penalties since the licence was last granted. | YES/NO\* |

If yes disclose all such unspent or spent convictions, conditional offers and or fixed penalties. Failure to disclose all convictions etc will result in the application being returned to the applicant. (Continue on a separate sheet if necessary)

**Section (a) Convictions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Name | Offence | Court or Country outwith the UK | Sentence/Penalty |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section (b) Conditional Offers and Fixed Penalties**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Name | Offence | Court or Country outwith the UK | Sentence/Penalty |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Question 7**

|  |  |
| --- | --- |
| Has any person named in questions 2, 4 or 5 lived outwith the United Kingdom for a period of six months or more within the last 10 years? In the case of renewal application it applies to any person living outwith the United Kingdom for a period of six months or more since the last grant of the licence. | YES/NO\* |

\* If yes you are required to provide a Criminal Record Check/verification from the Embassy of the country you resided in. Information on how to obtain this is contained within the guidance notes.

**Question 8**

|  |  |
| --- | --- |
| (a) Has any person named in questions 2, 4, or 5 above previously held or currently holds a Knife Dealers Licence issued by this or any other authority | YES/NO\* |
| (b) If yes which authority granted the licence? |  |
| (c) When was it granted? |  |
| (d) When does it expire? |  |

**Question 9**

|  |  |
| --- | --- |
| (a) Has any person named in questions 2, 4 or 5 above ever applied for and been refused a Knife Dealers Licence by this or any other authority? | YES/NO\* |
| (b) if yes which authority refused the licence? |  |
| (c) When was it refused? |  |

**If an application for knife dealers licence was refused by this authority within the last year a further application will only be accepted if there has been a material change in circumstance. This information must be provided with the application.**

**SECTION 3**

**Question 10**

Details of premises to be licensed.

|  |  |
| --- | --- |
| (a) Full postal address, including trading name of premises to be licensed. |  |
| (b) Telephone Number of premises |  |

(c) Nature of business/activity to be licensed (tick all which apply)

|  |  |
| --- | --- |
| Selling |  |
| Hiring |  |
| Offering for sale or hire |  |
| Exposing for sale or hire |  |
| Lending |  |
| Giving |  |

|  |  |
| --- | --- |
| (d) Details of types of knives, swords, or blades to be sold within the premises |  |
| (e) Do the premises currently comply with the requirement of a lockfast display cabinet and store? | YES/NO\*(\*if no, you are required to advise when this requirement has been carried out) |
| (f) Has there been any previous alterations carried out on this property? | YES/NO\* |
| \*If yes please give details including dates |  |
| (g) List any proposed alterations to the premises |  |

**Question 11**

Specify days and times when it is proposed the business will operate.

|  |  |  |
| --- | --- | --- |
| Day | From | To |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

**SECTION 4**

**Question 12**

CHECKLIST OF PAPERWORK SUPPORTING THIS APPLICATION

The following relevant documentation must be submitted with the application otherwise the application will not be accepted.

|  |  |
| --- | --- |
| **I confirm that I have enclosed the following** | **Submitted** |
| (a) Criminal Record Check/Verification from Embassy. This applies to all persons named on the application who have lived outwith the UK for any period of at least 6 months within the last 10 years. |  |
| (b) Photographic Identification (New applications for individuals only)  |  |
| (c) Proof of address (New applications for individuals only) |  |
| (d) Copy of partnership agreement if required. |  |
| (e) Location plan showing at least two named roads and surrounding building or the situation of the application site in relation to the locality. The application site must be clearly marked and include all of the land relating to the area to be licensed. |  |
| (f) Detailed plan of premises, showing where within the premises the articles are displayed and stored. |  |
| (g) Public Liability Insurance to the value of £5million. |  |

**SECTION 5**

TO BE COMPLETED BY INDVIDUAL, PARTNERSHIP OR COMPANY

Complete (A) or (B) as appropriate. Where declaration (A) is made there must be produced in due course a Certificate of Compliance with Paragraph 2 of Schedule 1 to the Civic Government (Scotland) Act 1982

1. I/We declare that I/We shall for a period of 21 days commencing with the date hereof, display at or near

the premises location so that it can conveniently be read by the public, a notice complying with the requirements of Paragraph 2 of Schedule 1 to the Civic Government (Scotland) Act 1982.

Or

1. I/We declare that I am/we are unable to display a notice of this application at or near the premises location because I/we have no rights of access or other rights enabling me/us to do so, but that I/we have taken the following steps to acquire the necessary rights, namely: (Here specify steps taken)

………………………………………………………………………………………………

………………………………………………………………………………………………

 But have been unable to acquire those rights.

**SECTION 6**

**INDIVIDUAL PERSON**

I declare that the particulars given by me on this form are true and I hereby make application to Falkirk Council for the grant of a Knife Dealers Licence.

Date:

Signature of applicant/agent:

Or agents address:

**COMPANY, PARTNERSHIP (\*Insert company / partnership name)**

On behalf of\* , I declare that the particulars given by me on this form are true and I hereby make application to Falkirk Council for the grant of a Knife Dealers Licence.

Date:

Signature of person authorised to sign on behalf of company/partnership:

Address of Signatory (if not already specified in Sections 3 or 4 above)

|  |
| --- |
|  Please indicate where all correspondence should be sent to applicant/agent/manger. Also where possible provide e-mail address for correspondence where appropriate.Applicant □ Agent □ Manager □e-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud.  It may also share this information with other bodies administering public funds solely for these purposes.**

N.B. Any person who in, or in connection with, the making of this application makes any statement which he/she knows to be false or recklessly makes any statement which is false in a material matter shall be guilty of an offence and liable, on summary conviction, to a fine.

Your privacy is important to us. You can find out how we deal with your personal information here <http://www.falkirk.gov.uk/privacy/law-licensing/licensing/>