



## Application for the Grant/Renewal of a Knife Dealer's Licence

**Each question must be answered**

1. To be completed if an individual is making the application

Full Name	Surname		First Name
Home Address (Including Postcode)			
Telephone Number			
Age, Date & Place of Birth	Years	Date of Birth	Place of Birth
Is the applicant names to carry out the day-to-day management of the activity	Yes / No		

2. To be completed if not a natural person (e.g. company or partnership)

Full Name	Surname		First Name
Address (including Postcode) of Principal or Registered Office			
Telephone Number			
Name, Private Address, Dates of Birth of Directors, Partners or other Persons Responsible for its Management e.g. Office Bearer of a Committee			

Full Name, Address and Date and Place of Birth of Employee or Agent to carry on day-to-day management of the activity	
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To be completed by all Applicants

Name and address of land or building or business (where operation is mobile) for which a licence is required  Please submit a layout plan of the premises with your application	
Details of types of knives, swords or blades to be sold within the premises	
Details of Third Party Liability Policy  (including identity of insurance company, policy number, amount of cover and date of renewal)	
<b>Please note that before a licence can be issued, the Council will require sight of the Policy.</b>	
Has the applicant or any person named in 1. or 2. above been convicted of <b>any crime or offence</b> in the last five years?	Yes/No
Has the applicant or any person named in 1. or 2. above previously held or currently holds a Knife Dealer's Licence?	Yes/No
If Yes - Which Council granted the Licence?	
What was the reference number, date of grant and date of expiry	
Has the applicant or any person named in 1. or 2.	Yes/No



above ever applied for and been refused such a licence or had such a licence suspended	
If Yes - Which Council refused/suspended the licence?	
When was it last refused/suspended	

Subject to the provisions of the Rehabilitation of Offenders Act 1974, state below particulars of any **convictions or pending cases** against you and the person(s) named in Sections 2 and 3 above (continue on a separate sheet, if necessary). (If none, please state "NONE".)

Name	Date	Court	Offence	Sentence

**DECLARATION**

I/We hereby make application for a Knife Dealer's Licence in the above terms and certify that the information given is true and correct .

I/We further certify that I/we will comply with paragraph 2(2) of Schedule 2 of the Civic Government (Scotland) Act 1982, OR I/we certify that it is not possible to comply with paragraph 2(2) of Schedule 1 of the said Act because I/we have no rights of access to the premises but that I/we have taken reasonable steps to acquire rights of access and have been unable to do so.

Signature of Applicant/Agent: .....

Address of Agent (if any): .....

.....

Position of applicant in Company/Partnership if not otherwise stated

.....

Date .....

Please submit evidence of your knowledge, skill, training and experience in the field you wish to operate in with your application. Where the applicant is not a natural person, evidence must be submitted for each person employed to carry out the activity. This evidence will be taken into account by the licensing authority in determining whether you are a fit and proper person to be the holder of a licence.

No less than 28 days before the proposed commencement date of the Licence, together with the appropriate fee.

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](mailto:licensing@clacks.gov.uk)*



## Knife Dealer's Licence

I, the undersigned hereby declare that an application for the grant/renewal of a Licence has been made to Clackmannanshire Council, Kilncraigs, Alloa.

A copy of the application form lodged with the Council is displayed opposite.

Any objection or representation relating to the application should be made to the Head of Community & Regulatory Services, Clackmannanshire Council, Kilncraigs, Alloa, FK10 1EB by .....

Any objection or representation must be made in writing, must specify the ground for the objection or the nature of the representation, must specify the name and address of the person making it, must be signed by him or on his behalf.

Such a representation shall be considered to have been made within the period referred to if it is delivered by hand within that period or posted (by registered or recorded delivery post) so that in the normal course of post it might be expected to be delivered within that period.

It should also be noted that where an objection or representation is made to the Council after the date referred to but before a final decision is taken on the application, it is competent for the Council to entertain it if satisfied that there is sufficient reason why the objection or representation was not made within the period of time stated.

.....  
(Applicant)

\*The date stated should be the Twenty First day after the latest of the following: -

- (a) the date of publication by the Council of a notice in a newspaper of the application where the form of licence falls within a prescribed class;
- (b) the date (if any), specified by the Council; and
- (c) the date the application was made to the Council.

The Site Notice must be displayed for the whole of the period of Twenty One days at or near the premises so that it can be conveniently read by the public



**Civic Government (Scotland) Act 1982  
Certificate re Display of Notice**

I/We

hereby certify that I/we have, for a period of twenty one days beginning with the date on which application was made, displayed at or near the premises sought to be licensed, so that it can be conveniently read by the public, a notice in the prescribed form specifying the information required by para 2(3) of the First Schedule of the above Act.

Signature .....Date .....

Position .....

**To be returned to the Head of Community & Regulatory Services ,  
Clackmannanshire Council, Kilncraigs, Alloa, FK10 1EB,  
after a Site Notice has been displayed for 21 day**