

# **SHETLAND ISLANDS COUNCIL**

## **CIVIC GOVERNMENT (SCOTLAND) ACT 1982**

### **APPLICATION FOR THE GRANT/RENEWAL OF A KNIFE DEALERS LICENCE**

Please read the accompanying notes before filling in this form. The form should be completed using BLOCK CAPITAL LETTERS. Should you need assistance in completing it, please contact Environmental Health, Gutters Hut, 7 North Ness, Lerwick, Shetland, ZE1 0LZ. Telephone: Lerwick 745250.

When you have completed the form please send it to Environmental Health at the address given above, along with the appropriate application fee.

### **Answer Question 1 OR 2 and ALL other questions**

| <b>1 To be completed if applicant is an individual<br/>(do not complete section 2 if you fill in this section)</b>   |   |               |                |
|--|---|---------------|----------------|
|  | Title   | First Name(s) | Surname        |
| (a) Full Name  |   |               |                |
| (b) Home Address   |   |               |                |
| (c) Telephone Numbers<br>Home:<br>Business:<br>Mobile:<br><br>Email address  |   |               |                |
| (d) Age, Date and Place of Birth   | Age   | Date of Birth | Place of Birth |
|  |   |               |                |
| (e) Are you as the applicant going to carry out the day-to-day management of the business?<br><br>If the answer to (e) above is NO please give full name, address, date of birth, telephone number and email address of the person responsible for the day-to-day management | YES/NO*<br><br>Name:<br><br>Address:<br><br>Date of birth:<br>Telephone No:<br>E-mail address |               |                |

**2 To be completed if applicant is a Committee Member, Company or Partnership  
(do not complete section 1 if you fill in this section)**

|   |   |
|---|---|
| (a) Name of Business or Partnership   |   |
| (b) Address of Principal or Registered Office   |   |
| (c) Telephone Numbers                      Business:<br>Mobile:<br><br>Email address:   |   |
| (d) Names, private addresses and dates of birth of directors or partners  |   |
| (e) Full name, address and date of birth of employee or agent to carry out the day-to-day management of the business<br><br>Contact details of above applicant<br><br>Telephone Numbers                      Home:<br>Business:<br>Mobile:<br><br>Email address | Name:<br><br>Address:<br><br><br>Date of birth: |

**The following questions are to be answered by ALL applicants**

|   |  |
|---|--|
| <b>3</b> Name and address of the business premises in which or from which the dealing is proposed to take place |  |
|---|--|

|  |  |
|--|--|
| <p><b>4 (a)</b> Days of the week and the hours during each day when it is proposed the premises will be open for the purposes of Knife Dealing</p> | <p>Days of Week                      Hours</p>   |
|  | <p>Monday                      Between ..... &amp; .....</p> <p>Tuesday                      Between ..... &amp; .....</p> <p>Wednesday                      Between ..... &amp; .....</p> <p>Thursday                      Between ..... &amp; .....</p> <p>Friday                      Between ..... &amp; .....</p> <p>Saturday                      Between ..... &amp; .....</p> <p>Sunday                      Between ..... &amp; .....</p> |
| <p><b>(b)</b> Period during which it is proposed to act as a knife dealer, i.e. all year round or specific months, etc.</p>                        |  |
| <p><b>5</b> Details of types of knives, swords or blades to be sold within the premises</p>  |  |

**6** Has any party named in 1 or 2 above ever been convicted of **ANY** crime or offence? (This includes offences relating to knife dealing, contraventions of Bye-laws and **ANY** other conviction of any kind). If yes, subject to the provisions of the Rehabilitation of Offenders Act 1974, give particulars below. **If no, please write none below.**

| Date | Court | Offence | Sentence |
|------|-------|---------|----------|
|      |       |         |          |

|  |                |
|--|----------------|
| <p><b>7 (a)</b> Has any party named in 1 or 2 above previously held or does he currently hold a licence to act as a knife dealer?</p> <p>If yes, when was the licence granted, when did/does it expire, which Authority granted it, and what was the Licence Number?</p> | <p>YES/NO*</p> |
| <p><b>(b)</b> Has any party named in 1 or 2 above ever been refused a licence to act as a knife dealer or had their licence suspended or revoked?</p> <p>If yes, when and which Authority refused, suspended or revoked the Licence?</p>                                 | <p>YES/NO</p>  |

**8 Site Notice Declaration**

\* (A) I/We declare that I/we shall, for a period of 21 days commencing with the date on which the application was received by the Council, display at or near the premises so that it can conveniently be read by the public, a Site Notice complying with the requirements of Paragraph 2(3) of Schedule 1 to the Civic Government (Scotland) Act 1982.

**OR**

\* (B) I/We declare that I am/we are unable to display a Site Notice of this application at or near the premises 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:-

but have been unable to acquire those rights.

Delete (A) or (B) as appropriate.

Where declaration (A) is made there must be produced as soon as possible after the 21 day period a Certificate of Compliance with Site Notice in accordance with Paragraph 2(2) of Schedule 1 to the Civic Government (Scotland) Act 1982.

I declare that the particulars given by me on this form are correct to the best of my knowledge and belief. I hereby make application to the Council for the granting/renewal \* of a licence to act as a knife dealer. I have received and read the general conditions relating to the licensing of knife dealers. I enclose the appropriate application fee.

Signature ..... Date .....  
(Signature of Applicant or Agent)

Name .....  
(Block Letters)

On behalf of .....  
(Complete where you are applying on behalf of a Company or Partnership)

Position .....  
(Position of applicant in Company or Partnership if not otherwise stated)

Note: Any person who in or in connection with the making of this application makes any statement which he knows to be false or recklessly makes any statement which is false in a material particular shall be guilty of an offence and liable, on summary conviction, to a fine not exceeding £2,500.

\* Delete as appropriate

This form is to be lodged with Environmental Health, Gutters Hut, 7 North Ness, Lerwick, Shetland, ZE1 0LZ, together with the appropriate application fee and Certificate of Compliance where appropriate. Please note the fee is an application fee; it will not be refunded in the event of the licence application being either withdrawn or refused.

**Public Notice:**

Every application for the grant or renewal of a knife dealer's licence must be publicly advertised (this will be done by the Shetland Islands Council).

**Data Protection:**

The information you have provided will be used by Shetland Islands Council to process your application and to maintain the register in terms of The Civic Government (Scotland) Act 1982 ("the Act"). The Council may share your information with third parties in order to check its accuracy, prevent and detect fraud or protect public funds. We may also share the information provided and other relevant information we hold about you between Council departments and others where this is necessary or expedient for the purposes of the Act or as otherwise required by law. You can request access to any personal information held about you by the Council by writing to the Head of Governance and Law, Legal Department, 8 North Ness Business Park, Lerwick, Shetland.