Depute Chief Executive -Education People and Business Application for Grant of Temporary Knife Dealer Licence



sustainable thriving achieving



Office Use Only

| Date Received | Fee Paid | Date Passed For Consultation | Decision | Date of Decision | No. Of Licence |
|---------------|----------|---------------------------------|----------|------------------|----------------|
| | | | | | |

Please note, you can complete this form on your computer or alternatively, print and complete in ink using block capitals.

| LICENCE DETAILS | |
|--|------------------|
| Type of licence applied for | GRANT / CRENEWAL |
| If renewal, state expiry date of current licence | |

| 1 NATURAL PERSON DETAILS | To be completed when applicant is not a Company, Partnership or Organisation |
|---|--|
| Full Name | |
| Private Address | |
| Telephone Number | |
| Email Address | |
| Date of Birth | |
| Place of Birth | |
| Business Address | |
| Business Telephone Number | |
| Business email Address | |
| Trading Days and Hours | |
| Is the applicant to carry out the Day-to-Day Management of the Business | |
| If no, provide full name, private address, telephone number, email address, date of birth and place of birth of the agent or employee responsible for the day-to-day management of the business | |

| 2 COMPANY / PARTNERSHIP DETAILS | To be completed when applicant a Company, Partnership or Organisation |
|------------------------------------|---|
| Company / Partnership Name | |
| Address | |
| Telephone Number | |
| Email Address | |

| 2 COMPANY / PARTNERSHIP DETAILS | To be completed when applicant a Company, Partnership or Organisation |
|---|---|
| Full names, private addresses, dates of birth and places of birth of Directors, Partners or other persons responsible for the management of the Company. | |
| (Continue on a separate sheet if required) | |
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| Trading Days and Hours of the Business | |

| 2 COMPANY / PARTNERSHIP DETAILS | To be completed when applicant a Company, Partnership or Organisation |
|--|---|
| Full name, private address, telephone number, email address, date of birth and place of birth of employee or agent responsible for the day to day management of the business | |

| 3 OTHER BENEFICIARIES OF THE ACTIVITY | |
|---|----------|
| Is the activity to be operated for the benefit of a person(s) other than the Applicant | YES / NO |
| If so, give full name(s), private address, telephone number, email address, date of birth and place of birth of the person(s) (Continue on a separate sheet if required) | |

| 3 GOODS | |
|--|--|
| State the types/nature of goods in which it is proposed to deal | |
| Name and address of premises which is to be used for the activity and at which goods will be stored / sold | |
| Specify the days and times when it is proposed the premises will be open for trading | |

| 4 PREVIOUS LICENCES | |
|---|----------|
| Does any person named in this form held or currently hold a licence for the sale of knives? | YES/NO |
| If YES, when was the licence granted and when does it expire and which Authority granted the Licence | |
| Has any persons named on this form ever applied for and been refused a licence for the sale of knives | YES / NO |

| 4 PREVIOUS LICENCES | |
|--|--|
| If YES when were they refused and by which Authority | |

5 CRIMINAL CONVICTION DETAILS

Subject to the provisions of the Rehabilitation of Offenders Act 1974 and the Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2003 state below particulars of ALL convictions recorded against you including details of Fixed Penalties and Conditional Offers issued by the Police or Procurator Fiscal. NB. RECENT CHANGES TO THE LAW MEAN THAT ALL CONVICTIONS REQUIRE

TO BE LISTED ON THE

| _ <u>APPLICATION FOR</u> | | | | |
|--------------------------|------------|-------|---------|----------|
| Name | Date of | Court | Offence | Sentence |
| | Conviction | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

6 DECLARATION

I have read and understand the requirements of the section relating to previous convictions.

I declare that the particulars given by me on this form are true and I hereby make application for the grant of the licence applied for.

| Date: | Signature of | f applicant or | agent |
|-------|--------------|----------------|-------|
|-------|--------------|----------------|-------|

Agent's address _____

Position of applicant in company/partnership if not otherwise stated:

Fee £46.51 Duration of Licence Maximum 6 Weeks

There is no refund given with this application

Any person who in or in connection with the making this application, makes any statement which they know 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 level 4 on the standard scale (currently £2500).

PRIVACY NOTICE

The personal information you provide on this form will be used by East Dunbartonshire Council to process and determine applications for the grant of a Temporary Knife Dealer Licence.

This personal information may also be shared with other departments within East Dunbartonshire Council, the Council committee's and/or boards, local councillors in the area of the application or other organisations for the same purpose and also to:

- check the information we hold is accurate;
- prevent and/or detect crime; and
- protect public funds.

Other organisations may include bodies responsible for auditing or administering public funds, public sector agencies, governmental departments, regulatory and law enforcement bodies including Police Scotland and the Scottish Fire and Rescue Service, private contractors used by the Council and bodies carrying out data matching exercises.

The legal basis for processing your personal information is:

- The Council's legal obligations under the following legislation:
 - o the Civic Government (Scotland) 1982 (licensing functions in relation to Knife Dealer Licences)
 - the Local Government (Scotland) Act 1973 (to ensure proper administration of the Council's financial affairs) (including the detection and/or prevention of fraud)
 - the Local Government (Scotland) Act 1973 (furnishing of information and documents to the Commission)
 - the Public Finance and Accountability (Scotland) Act 2000 (disclosure of data to Audit Scotland for data matching)
- The official authority vested in the Council pursuant to:
 - the Local Government (Scotland) Act 1973 (arrangement for discharge of functions by local authorities)
 - the Scheme of Administration Civic Government Appeals Board Terms of Reference: paragraph 1
- The following task carried out in the public interest:
 - o to appropriately and sufficiently licence a business for the dealing in knives
 - o the prevention and detection of licensing fraud

East Dunbartonshire Council will be unable to process your application form if you fail to provide the information required and a Temporary Knife Dealer Licence will not be granted. The information requested in this form is required under the Civic Government (Scotland) Act 1982 Schedule 1.

East Dunbartonshire Council uses the Scottish Council on Archives Records Retention Schedules to manage the amount of time the Council keeps information. Further information on these can be found here <u>Scottish Archives website</u>

The information you have provided is classed under reference 04.005.075 and the retention period will be triggered from the date the licence expires and the information will then be held for 2 years

Right of Access

You have the right to access the personal information the Council holds about you. This right is called a Subject Access Request, often referred to as a SAR.

You can receive a copy of your personal data held by the Council, details on why it is being used, who it has been/ will be shared with, how long it will be held for, the source of the information and if the Council uses computer systems profile or take decisions about you. Details on how to submit a Subject Access Request can be found here. Data Protection Details

Right to rectification

You have the right to request the Council correct any information held about you that is inaccurate.

PRIVACY NOTICE

Right to erasure

You have the right to request that the Council delete the personal information about you. This right is known as the right to be forgotten.

Right to restrict processing

You have the right to request that the Council stops using your personal information, while retaining a copy of it.

Right to Object

You have the right to object to the Council's use of your personal information. The Council will have to demonstrate why it is appropriate to continue to use your personal data.

You have the right to complain to the Information Commissioner's Office should you be unhappy with the way the Council has processed your personal data. Details on how to report a concern can be found here Information Commissioner's Office website

Should you have any questions or concerns about the Council's handling of your personal data you can contact the Council's Data Protection Officer, Karen Donnelly, using the below noted details, who will be happy to discuss.

Telephone Number: 03001234510 Email: <u>dpo@eastdunbarton.gov.uk</u> Address: 12 Strathkelvin Place, Kirkintilloch, G66 1TJ

Other Formats & Translations

This document can be provided in large print, Braille or on CD and can be translated into other community languages. Please contact the Council's Corporate Communications Team at 12 Strathkelvin Place, Kirkintilloch, G66 1TJ, tel 0300 123 4510

本文件可按要求翻譯成中文,如有此需要,請電 0300 123 4510。

اس دستاديز كادرخواست كرف ير (اردو) زبان مي ترجمه كياجا سكتاب- براد مهر باني فون نمبر 4510 123 0300 بردابط كري-

ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮੰਗ ਕਰਨ ਤੇ ਪੰਜਾਬੀ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ 0300 123 4510 ਫ਼ੋਨ ਕਰੋ।

Gabhaidh an sgrìobhainn seo cur gu Gàidhlig ma tha sin a dhìth oirbh. Cuiribh fòin gu 0300 123 4510

अनुरोध करने पर यह दस्तावेज हिन्दी में भाषांतरित किया जा सकता है। कृपया 0300 123 4510 पर फोन कीजिए।