# Application form to extend or renew a skip licence

Before completing, please read carefully the regulations that accompany this form.

Allow five working days for us to process your application. We will not begin to process your application until we have received all the relevant information.

## Applicant details

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| --- |
| First name: |
| Family name: |
| E-mail address: |
| Telephone number(s): |
| Business name: |
| Business Address: |
| Your position in the business: |
| Is this business the owner of the skip? If not, please provide contact details for the skip owner*:* |

## Details of the licence

Identifying the licence

|  |
| --- |
| Licence number and first line of address: |

## Extending the licence

|  |  |
| --- | --- |
| Original end date (dd/mm/yyyy):  | New end date (dd/mm/yyyy): |

|  |
| --- |
| Explain the reason for extending: |

|  |
| --- |
| Supply any other information we should be aware of: |

## Insurance

You must have a suitable level of public liability insurance to cover this activity. The minimum required is £10m. Please provide details of your policy.

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| --- |
| Name on policy: |
| Insurance company: |
| Policy number: |
| Period of cover (end date): |
| Amount of cover (£m): |

## Additional Information

Provide any additional information which is required or relevant to your application. Please check the terms & conditions.

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## Payment

### **The payment is for a potential maximum 6-month period and the permission is given for a month, for which you must re-apply monthly.**

### **If a payment is due, please pay online quoting site address and reference number. Please wait until you receive this information from us before you try to pay.**

## Declaration

Please read the terms & conditions before signing this application.

I have read and agree to the conditions listed in South Gloucestershire Council's Terms & Conditions.

|  |  |
| --- | --- |
| Signed: | Print Full Name: |
| Position: | Date (dd/mm/yyyy): |

## Contact us

Please return this paperwork by email to: TechSupportStreetcareBMR@southglos.gov.uk

### Or by post to the following address:

|  |  |
| --- | --- |
| **South Gloucestershire CouncilDepartment for Place**StreetcarePO Box 1954BristolBS37 0DD | T: + 44 (0)1454 865859W: [www.southglos.gov.uk](http://www.southglos.gov.uk/)  |