

Section 1B Limited Company Skip/Material Licence Consent

Complete this section if you are a Director or Manager or Employee of a business which is a limited company. If a firm is a limited company its title will end in one of the following forms; "Limited". "Ltd" or "plc".

Please complete in **block** capitals and in **black** ink. Failure to complete all sections may delay your application.

Forms received before 12 noon on the day of application will be processed in 5 working days unless otherwise specified.

Note: No refund of fee if licence cancelled/dates altered due to no fault of the Council.

Please tick (✓) appropriate boxes:

New application Renewal licence no. _____

Skip 14 days Skip 28 days Materials 14 days Materials 28 days

Full company name: *(block capitals)*

Registered office address: *(block capitals)*

Postcode:

Company number:

Trading name: *(if different from above) (block capitals)*

Trading/business address: *(if different from above) (block capitals)*

Postcode:

Telephone no.:

*I, the signatory, am the Managing Director / Director / Company secretary of the above company

and am authorised to apply for, and do apply for, a licence to deposit

(a) builders skip*, and *(*delete as appropriate)*

(b) materials*

on the highway as set out in Section 2A and/or 2B.

Applicant's signature:

Date:

Full name of signatory: *(block capitals)*

please turn over

Section 2A – Skip Licence

Location of skip:
(full address)

Postcode:

Purpose:

Tick (✓) as appropriate

Household

Builders

Garden

Roofing

Rubble

Any other please state

Size of skip:

Please tick (✓) appropriate box

Standard: 6 cubic metres

Mini: 3 cubic metres

Note: Maximum 6 cubic metres allowed

Period required:

From:

To:

Skip hired from:

Address:

Postcode:

Telephone no.:

I, agree to comply with the terms and conditions as specified on attached sheets and any additional conditions that may be included in the licence.

Applicant's signature:

Date:

(Must be the same as for Section 1B)

Section 2B – Materials Licence (if to be left on the highway)

Location of materials:
(full address)

Postcode:

Type of materials:

Please tick (✓) appropriate box

Sand

Ballast

Roofing tiles

Slates

Any other please state

Amount of materials:

Tonnes/Cu.m.

Period required:

From:

To:

I, agree to comply with the terms and conditions as specified on attached sheets and any additional conditions that may be included in the licence.

Applicant's signature:

Date:

(Must be the same as for Section 1B)



INVESTOR IN PEOPLE



CUSTOMER SERVICE EXCELLENCE

Department of Technical Services Credit Card Payment Form

NEW RENEWAL

Highway Licence Type (e.g. Skip): _____
Bay Suspension Type (e.g. Removal): _____
Location: _____

Cardholder's details:
Contact Tel No: _____
Name on card: Mr/Mrs/Miss/Ms _____

Address: _____

Postcode: _____

Card details:
Type of card: Delta Switch Visa MasterCard Maestro
Card number:
○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
Expiry date: _____ Issue date: _____ Issue no. (switch only): _____
Amount to be debited: £ _____ Signature of cardholder: _____