



better business
partnership
Perth & Kinross

Application for Membership

PART A - Ownership of Business

Please tick the box that applies to you.	Sole Trader	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>
	Limited Company	<input type="checkbox"/>

Applicants Details

If you are applying on behalf of a limited company details of Home Address need not be given, but see Part D. NOTE: all applicants operating a business without permanent premises or from a residential address (see Agreement term 5B) must answer YES.	Name _____
	Home address _____ _____ _____
	Your date of birth _____
	Daytime phone number _____
	Position in business (owner/partner etc) _____
	Do you require a membership ID card? YES/NO <i>(Delete as applicable)</i>

PART B - Password Details

Password details - please supply a password which can be used to verify or change membership details. Password reminder - please supply a word or phrase which will serve to remind you or any partner/director of the password given above eg mothers maiden name, pets name etc.	My password _____
	My reminder word or phrase _____ _____

PART C - Business Details

<p>Please supply the name that you trade under eg J Smith & Son, Delta Gardeners etc.</p>	<p>Name of business</p> <p>_____</p>
<p>Please supply details of business address ie business premises.</p> <p>(Please note the requirements of 5B of the agreement, Additional rules for businesses operating without permanent premises or from a residential address in Perth and Kinross).</p>	<p>Business address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Registered office address if you are a limited company</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Manager/contact name for enquiries relating to the operation of this scheme (see Agreement term 3.6).</p>	<p>Name</p> <p>_____</p> <p>Tel No _____</p>
<p>Public Liability Insurance.</p>	<p>Do you have current Public Liability Insurance cover</p> <p style="text-align: right;">YES/NO <i>(Delete as applicable)</i></p>
<p>Additional information required for businesses operating without permanent premises (ie businesses operating from vehicles or trailers) or from a residential address in Perth and Kinross. (see Agreement term 5B). If you are supplying a mobile telephone number only, further suitable proof of address must be supplied. For example, copy of driving licence, contract for mobile telephone, utility bills or other official correspondence. Copies of vehicle registration documents must also be supplied.</p>	<p>Land line telephone number or mobile telephone number</p> <p>_____</p> <p>Details of vehicle used for business</p> <p><i>Make:</i> _____</p> <p><i>Model:</i> _____</p> <p><i>Colour:</i> _____</p> <p><i>Registration No:</i> _____</p> <p>(If you have more than one vehicle used for the business please supply details on a separate sheet)</p>

PART D - Partner/Director Details (if applicable)

If your business operates as a partnership or limited company, please supply details of each partner or director.

1.
Partner/Director *(Delete as applicable)*

Name _____

Home address _____

Date of birth _____

If an individual ID card is required
for this person please tick box

2.
Partner/Director *(Delete as applicable)*

Name _____

Home address _____

Date of birth _____

If an individual ID card is required
for this person please tick box

*(please continue on a separate
sheet if necessary)*

PART E – Type of Business

Please tick the box that best describes your business

Alarms & Security Systems	<input type="checkbox"/>
Appliance repairs	<input type="checkbox"/>
Carpenter/Joiner	<input type="checkbox"/>
Computer Services	<input type="checkbox"/>
Electrician	<input type="checkbox"/>
Garage/Motor Mechanic	<input type="checkbox"/>
Gardens & Landscaping	<input type="checkbox"/>
General building services	<input type="checkbox"/>
Glazier/Windows	<input type="checkbox"/>
Painter/Decorator	<input type="checkbox"/>
Paving/Tarmac	<input type="checkbox"/>
Plumber/Heating Engineer	<input type="checkbox"/>
Roofing	<input type="checkbox"/>
Tiling	<input type="checkbox"/>
Other service	<input type="checkbox"/> Details _____
Retail Premises	<input type="checkbox"/> Details _____

PART F - Declaration

I have read the terms and conditions of the better business partnership and on behalf of the named business agree to be bound by the rules, principles and aims of the scheme	Full name of applicant (in BLOCK CAPITALS) _____
	Signature _____
	Date _____

Data Protection

The information provided by you will be held by Perth & Kinross Council, Environment Services and will be used to assist with the operation of the "Better Business Partnership" and for the administration of the Acts enforced by Trading Standards in accordance with our notification under the Data Protection Act 1998. In terms of the Data Protection Act 1998, you are entitled to know what personal information Perth & Kinross Council hold about you, on payment of a fee of £10. Application should be made to the Director, Environment Services, 35 Kinnoull Street, Perth, PH1 5GD.