

# APPLICATION TO DEPOSIT SKIPS ON A PUBLIC HIGHWAY THROUGH ADMISSION TO OLDHAM COUNCIL SKIP REGISTER

Please enrol my company on your skip register to enable any representative of this company to apply for permission to deposit a builder's skip on the public highway within the boundary of Oldham Council.

I enclose a cheque for my non- refundable registration fee of £191.40 (Each skip permit will cost £37.40 and invoiced at the end of each month)

Alternatively you can apply for an annual permission as detailed below:-

|  |  |
| --- | --- |
| Up to 100 skips |  £1410.20 |
| Up to 300 skips |  £4216.30 |
| Up to 500 skips | £7020.20 |
| Over 500 each skip thereafterRetrospective applications (following officer visit) | £14.30£122.10 |

Cheques must be made payable to “**Oldham Council”**

I enclose copies of the following:

1. Public liability insurance certificate
2. Waste Carrier Licence issued by the Environment Agency.

|  |  |  |
| --- | --- | --- |
| **1.** | **Surname** |  |
| **2.** | **First Name(s)** |  |
| **3.** | **Position** |  |
| **4.** | **Company** |  |
| **5.** | **Address** |  |
| **6.** | **Postcode** |  |
| **7.** | **Telephone Number** |  |
| **8.** | **Email address** |  |

**Please return applications to the Highways Operations, Moorhey Street Depot, Moorhey Street, Oldham, OL4 1JF, highwaysops@oldham.gov.uk**

**DECLARATION – Please read carefully before signing your application**

1. **I wish to apply for the licence as detailed above.**
2. **If a licence is granted to me, I undertake to comply with all conditions and Bylaws set by the Council.**
3. **I understand that the Council is under a duty to protect public funds it administers, and to this end may use the information I have provided for the prevention and detection of fraud. It may also share information with other bodies responsible for auditing and administering public funds for these purposes.**

**4. I understand that making a false declaration could lead to prosecution.**

**Signed …………………………………………**

**Dated…………………………………………...**

|  |  |  |  |
| --- | --- | --- | --- |
| **Insurance Checked** |  | **Waste Carrier Licence** |  |
| **Amount Paid** |  | **Date Paid** |  |
| **Receipt Number** |  |  |  |

**\*\*\*Office Use Only\*\*\***