**APPLICATION for a licence to place a SKIP on the Highway**

Please submit the completed application to clic@ceredigion.gov.uk

|  |  |
| --- | --- |
| **Company Name** |  |
| **Contact Name** |  |
| **Address:** |  |
| **Postcode** |  |
| **Email Address** |  |
| **Contact Telephone number(s)** |  |
| **Public Liability Insurance expiry date\*** |  |

\*Please provide an updated copy if the expiry date is due.

**Location of the Skip**

|  |  |
| --- | --- |
| **Location/Property Address:** |  |
| **Nature of Work:** |  |
| **Special features/requests: (i.e. traffic management)** |  |
| **Start Date**  |  |
| **Proposed End Date**  |  |