

APPLICATION FOR HAAF NET FISHINGS LICENCE AT ANNAN
(N.B. Applicants must be 18 years of age or over)

Please complete the form in black ink

Name: ..... Date of Birth: .....

Address: .....

.....

Contact Tel No: .....

Occupation: .....

Employer: .....
(if any)

How long have you resided in Annan?.....

Names and addresses of two persons (not Elected Members or officials of the Council) to whom reference may be made if necessary as to your character and abilities.

(1) Name: .....

Address: .....

(2) Name: .....

Address: .....

I hereby make application for an allocation of Haaf Nets Fishings Licence at Annan (when available) and agree, when an allocation is made, to abide by the conditions. I hereby certify that the above particulars are correct.

I authorise the Chief Constable to make available to the Annan Common Good Fund Sub Committee details of any relevant previous convictions or antecedent history and acknowledge that this information will be included in any report on my application, and understand that this

report will be issued to Members of the Annan Common Good Fund Sub Committee, the media and will be available to members of the public.

Date: ..... Signature: .....

**NOTE** Any other particulars, which the applicant wishes to place before the Council in support of this application should be written below.

Please return this form to the Alison Walker, Area Committee Administrator,  
Communities Business Management, Council Offices, High Street, Annan DG12 6AQ.