



# Application for a Scrap Metal Dealers Site Licence

Scrap Metal Dealers Act 2013

## SECTION 1

1	Application Type	<input type="checkbox"/> Grant <input type="checkbox"/> Renewal* *Enter licence number:
2	Applying as	<input type="checkbox"/> An individual (go to section 2) <input type="checkbox"/> A partnership (go to section 3) <input type="checkbox"/> A company (go to section 4)

## SECTION 2 (INDIVIDUALS ONLY)

3	Applicant Name	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
4	Date of Birth	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
5	Applicant Home Address	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: right; margin-top: 5px;">Telephone Number:</p>
6	Basic Disclosure Certificate enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

-----PLEASE PROCEED TO SECTION 5-----

## SECTION 3 (PARTNERSHIPS ONLY)

### FIRST APPLICANT

7	Name	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
8	Date of Birth	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
9	Home Address	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: right; margin-top: 5px;">Telephone Number:</p>
10	Basic Disclosure Certificate enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### SECOND APPLICANT

11	Name	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
12	Date of Birth	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
13	Home Address	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: right; margin-top: 5px;">Telephone Number:</p>
14	Basic Disclosure Certificate enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

-----PLEASE PROCEED TO SECTION 5-----

## SECTION 4 (COMPANIES ONLY)

<b>15</b>	Company Name	
<b>16</b>	Registered Number	
<b>17</b>	Business Address	Telephone Number:

Please provide details of all directors, shadow directors and company secretary – where necessary please use a continuation sheet.

### FIRST DIRECTOR, SHADOW DIRECTOR OR COMPANY SECRETARY

<b>18</b>	Name	
<b>19</b>	Date of Birth	
<b>20</b>	Home Address	Telephone Number:
<b>21</b>	Basic Disclosure Certificate enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>22</b>	Position/Role in business	

### SECOND DIRECTOR, SHADOW DIRECTOR OR COMPANY SECRETARY

<b>23</b>	Name	
<b>24</b>	Date of Birth	
<b>25</b>	Home Address	Telephone Number:
<b>26</b>	Basic Disclosure Certificate enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b>	Position/Role in business	

### THIRD DIRECTOR, SHADOW DIRECTOR OR COMPANY SECRETARY

<b>28</b>	Name	
<b>29</b>	Date of Birth	
<b>30</b>	Home Address	Telephone Number:
<b>31</b>	Basic Disclosure Certificate enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>32</b>	Position/Role in business	

Where necessary, please use a continuation sheet

-----PLEASE PROCEED TO SECTION 5-----

## SECTION 5 (SITE DETAILS)

Please list the details for each site where you propose to carry on a business as a scrap metal dealer in this local authority area. If you operate more than two sites in the area please provide details for each site on a continuation sheet.

N.B- If the applicant operates multiple sites within a licensing authority area, provision should be made for more than one site manager

### SITE 1

<b>33</b>	Address	Telephone Number:
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<b>34</b>	Planning permission?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
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\*Only applicable to sites established after 1 November 1990

<b>35</b>	Name of Site Manager	
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<b>36</b>	Date of Birth of Site Manager	
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<b>37</b>	Address of Site Manager	Telephone Number:
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<b>38</b>	Basic Disclosure Certificate enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### SITE 2

<b>39</b>	Address	Telephone Number:
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<b>40</b>	Planning permission?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
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\*Only applicable to sites established after 1 November 1990

<b>41</b>	Name of Site Manager	
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<b>42</b>	Date of Birth of Site Manager	
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<b>43</b>	Address of Site Manager	Telephone Number:
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<b>44</b>	Basic Disclosure Certificate enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Where necessary, please use a continuation sheet

-----PLEASE PROCEED TO SECTION 6-----

## SECTION 6 (ADDITIONAL DETAILS)

Please provide details of any site in the area of any other local authority at which the applicant carries on business as a scrap metal dealer or proposes to do so:

45	Address	Telephone Number:
46	Licensing Authority	

Where necessary, please use a continuation sheet

47	Are you registered as a waste carrier?	<input type="checkbox"/> Yes* <input type="checkbox"/> No *Enter registration number:
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-----PLEASE PROCEED TO SECTION 7-----

## SECTION 7 (MOTOR SALVAGE)

The business of a motor salvage operator is defined as a business that:

- wholly or in part recovers salvageable parts from motor vehicles for re-use or re-sale, and then sells the rest of the vehicle for scrap;
- wholly or mainly involves buying written-off vehicles and then repairing and selling them off; and,
- wholly or mainly buys or sells motor vehicles for the purpose of salvaging parts from them or repairing them and selling them off.

48	Will your business consist of acting as a motor salvage operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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-----PLEASE PROCEED TO SECTION 8-----

## SECTION 8 (BANK ACCOUNTS)

Please provide details of the bank account(s) that will be used to make payment to suppliers, in accordance with s12 of the Scrap metal Dealers Act 2013. If more than two bank accounts will be used, please use a continuation sheet.

### BANK ACCOUNT 1

49	Account Name	
50	Sort Code	
51	Account Number	

### BANK ACCOUNT 2

52	Account Name	
53	Sort Code	
54	Account Number	

Where necessary, please use a continuation sheet

-----PLEASE PROCEED TO SECTION 9-----

## SECTION 9 (RELEVANT OFFENCES)

<b>55</b>	Have you, any listed partners, any listed directors, or any listed site manager(s) in this application ever been convicted of a relevant offence or been the subject of any relevant enforcement action? (Please see below for a list of relevant offences).	<input type="checkbox"/> Yes <input type="checkbox"/> No*
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\*If no, please proceed to section 10

	Name	Date	Offence	Court	Sentence
1					
2					
3					
4					
5					

Where necessary, please use a continuation sheet

-----PLEASE PROCEED TO SECTION 10-----

## SECTION 10 (DECLARATION AND SIGNATURE)

The information contained in this form is true and accurate to the best of my knowledge and belief. I understand that if I make a material statement knowing it to be false, or if I recklessly make a material statement which is false, I will be committing an offence under Schedule 1 Para 5 of the Scrap Metal Dealers Act 2013, for which I may be prosecuted, and if convicted, fined.

I understand that the local authority to whom I make my application may consult other agencies about my suitability to be licensed as a scrap metal dealer, as per section 3(7) of the Scrap Metal Dealers Act 2013, and that those other agencies may include other local authorities, the Environment Agency, the Natural Resources Body for Wales, and the police.

I understand that the purpose of the sharing of this data is to form a full assessment of my suitability to be licensed as a scrap metal dealer. I also understand that the sharing of information about me may extend to sensitive personal data, such as data about any previous criminal offences. Some details will also be displayed on a national register, as required by the Scrap metal Dealers Act 2013. I hereby expressly consent to this processing of my data and display of relevant information on the public register.

<b>56</b>	Signature of applicant(s)	<u>1</u>	<u>2</u>
<b>57</b>	Name of applicant(s)		
<b>58</b>	Date of signature		

This authority is under a duty to protect the public funds it administers, and to this end, may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing and administering public funds for these purposes.

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Office Use Only

**\*\*REFERENCE\*\*:** £

Temporary or Official Receipt No: