Application for Registration as a Scrap Metal Dealer

Please read the guidance notes before completing this from. If you are completing this form by hand, please write legibly in block capitals. In all cases, ensure that your answers are inside the boxes and written or typed in black ink. Use additional sheets if necessary.

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| **Please indicate the type of licence that you are applying for:** |
| Site Licence  Mobile Collector’s Licence |
| **Please indicate if this is a new application or an application for renewal:** |
| New  Renewal  If this is a renewal, please provide your existing licence reference: |
| **Are you applying as (please tick the box that applies to you):** |
| An Individual/Sole Trader  A Partnership  A Limited Company |
| **Please state your Trading name:** |
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| **Details of sole trader, first partner or first director** | |
| Mr  Mrs  Miss  Ms  Other (please state) Surname  Forenames | |
| Previous names (if any)Mr  Mrs  Miss  Ms  Other (please state)SurnameForenames | |
| Role: Sole Trader  First Partner  First Director | |
| Date of Birth       Place of Birth National Insurance Number | |
| Address where ordinarily resident (Home Address) | |
| Home number |  |
| Work number |  |
| Mobile number |  |
| E-mail address |  |
| **Details of second partner or second director** | |
| Mr  Mrs  Miss  Ms  Other (please state) Surname  Forenames | |
| Previous names (if any)Mr  Mrs  Miss  Ms  Other (please state)SurnameForenames | |
| Role: Second Partner  Second Director | |
| Date of Birth       Place of Birth National Insurance Number | |
| Address where ordinarily resident(Home Address) | |
| Home number |  |
| Work number |  |
| Mobile number |  |
| E-mail address |  |

**If there are more partners, directors or secretaries in the company please enclose an additional sheet with these details**

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| **Details of company applicant** | |
| Company Name | |
| Address of registered office | |
| Registered No. |  |
| Work number |  |
| Mobile number |  |
| E-mail address |  |

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| **Are you registered with the Environment Agency as a controlled waste carrier?** |
| Yes  No  If yes, please provide the licence details (reference and dates of licence) |
| **Please provide details of any scrap metal licence/s which have been issued to any of the applicants in the past three years** |
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| **Have any previous applications for registration by yourself or any other person named on this form been refused, revoked or subject to any other enforcement action by any authority?** |
| Yes  No  If yes, please state which local authority, when, and full details: |

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| **Vehicle Details** |
| If a vehicle/s are being used for the business please state the details below  Make       Model       Registration  Location where vehicle is ordinarily stored:  Make       Model       Registration  Location where vehicle is ordinarily stored:  Make       Model       Registration  Location where vehicle is ordinarily stored: |

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| **Bank Details, i.e. those to be used in order to comply with section 12 of the Act (scrap metal not to be bought for cash etc.):** |
| Account Name:       Bank/Building Society:  Sort Code:       Account Number: |
| Account Name:       Bank/Building Society:  Sort Code:       Account Number: |

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| **For Site licence applicants only: Please provide the address(es) of any site(s) in the area of any other local authority at which you (any of the applicants) carry on business as a scrap metal dealer, or propose to do so:** |
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| **For Site licence applicants only: Please provide details of each site you wish to licence, and the details of the individual whom you wish to specify on the licence as the site manager at each site** |
| **SITE 1** |
| Site Trading name: |
| Full postal address |
| Contact Number(s): |
| Email address: |
| Website address: |
| **SITE MANAGER FOR SITE 1** |
| Mr  Mrs  Miss  Ms  Other (please state) Surname       Forenames |
| Residential Address |
| Date of birth |

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| **SITE 2** |
| Site Trading name: |
| Full postal address |
| Contact Number(s): |
| Email address: |
| Website address: |
| **SITE MANAGER FOR SITE 2** |
| Mr  Mrs  Miss  Ms  Other (please state) Surname       Forenames |
| Residential Address |
| Date of birth |

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| **Checklist** |
| I have enclosed:  a passport photograph (endorsed as per the guidance note) of the applicant for a collectors licence or any site manager(s)  a basic disclosure certificate (less than 3 months old) from the Disclosure and Barring Service for all applicants and site managers  a completed disclosure of criminal convictions and declaration form for all applicants and site managers  a copy of the insurance for all vehicles used within this business  a form of proof of residential address i.e. household bill (less than 3 months old) for all applicants and site managers  a form of photographic identification i.e. passport or DVLA licence for all applicants and site managers  the relevant fee or proof of payment. |
| **Declaration** |
| I have read and understand the guidance notes for registration as a scrap metal dealer.  I understand that my details will be recorded on a national register maintained by the Environment Agency and a secure national multi-agency database maintained by the council in conjunction with the British Transport Police.  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 Paragraph 5 of the Scrap Metal Dealers Act 2013, for which I may be prosecuted, and if convicted, fined.  I understand that Gravesham Borough Council may consult with 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, and the police. I understand that the purpose of sharing 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 about any previous criminal offences, and I hereby expressly consent to this processing of my data. |
| **NAME:**  **SIGNATURE:**       **DATE:** |
| **NAME:**  **SIGNATURE:**       **DATE:** |
| **NAME:**  **SIGNATURE:**       **DATE:** |