



Application for a Scrap Metal Licence

SECTION 1. For all applicants to Complete

Please indicate the type of licence you are applying for (please Tick)

A Site Licence

A Collectors Licence

Are you applying as (please tick)

An individual

A company

A partnership

Please state your trading name:

Is this application for a grant of a new licence or a renewal (please tick the relevant box)

Grant of a new licence

Renewal of an existing licence

If renewing please provide your existing licence number:

SECTION 2. Permits, registrations and licences in force

Please provide details of any relevant environmental permit, exemption or registration (such as a scrap metal dealer or a motor salvage operator) in relation to the applicant:

Type:

Identifying Number:

Date of Issue:

Type:

Identifying Number:

Date of issue:

Continue on a separate sheet if necessary

Please provide details, including licence number, of any other scrap metal licence issued by any authority to the applicant within the last 3 years (please use a continuation sheet if necessary):

Are you registered as a waste carrier? (please tick)

Yes

No

If 'yes' please provide your carriers' registration number:

SECTION 3. TO BE COMPLETED IF APPLYING FOR A SITE LICENCE

N.B. A site licence authorises the licensee to carry on a business at a site in the authority's area. You can apply to licence multiple sites using this form.

Details of prospective licence holder**Title(Please Tick)**

Mr Mrs Miss Ms Other

(if other please state)

I am 18 years old or over (please tick)

Yes No

Date of Birth: __/__/____

Surname:**Forenames:**

Position/Role in the business :

I attach a Basic Disclosure Certificate issued for the applicant by Disclosure Scotland:

Yes No

If you do not provide a disclosure certificate your application may be delayed or rejected

Contact Details (we will use your business address to correspond with you unless you indicate we should use your home address)

Business Address:

Head office name or house name or number

First line of address: -

Town/City: -

Postcode: -

Home Address:

House Name or Number:-

First Line of address

Town/City: -

Postcode: -

Telephone Numbers:

Daytime

Evening

Mobile

Email address (if you would prefer us to correspond with you by email)

Please note that you must still provide us with a postal address

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]

Full address of each site you intend to carry out a business as a scrap metal dealer:	Site manager(s) details (if different from the applicant)
<p>Site 1 Name/Number _____</p> <p>First line of address _____</p> <p>Town/City _____</p> <p>Postcode _____</p> <p>Email Address: _____</p> <p>Web address: _____</p>	<p>Name: _____</p> <p>First line of address _____</p> <p>Town/City _____</p> <p>Postcode _____</p> <p>Date of Birth __/__/____</p> <p>Basic Disclosure Certificate Attached Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Site 2 Name/Number _____</p> <p>First line of address _____</p> <p>Town/City _____</p> <p>Postcode _____</p> <p>Email Address: _____</p> <p>Web address: _____</p>	<p>Name: _____</p> <p>First line of address _____</p> <p>Town/City _____</p> <p>Postcode _____</p> <p>Date of Birth __/__/____</p> <p>Basic Disclosure Certificate Attached Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Partnerships (if you are applying as a partnership, please provide the following details in respect of each partner – where there are more than two partners then please use a continuation sheet)	
<p>Full Name: _____</p> <p>Date of birth: _____</p> <p>Residential address: _____</p> <p>Basic Disclosure Certificate Attached Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Full Name: _____</p> <p>Date of birth: _____</p> <p>Residential address: _____</p> <p>Basic Disclosure Certificate Attached Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Companies (if you are applying as a company please provide the details set out below about the company)

Company Name:

Company Registration Number:

Address of the registered office:

Please provide the following details for each director(s), shadow director(s) and company secretary where these are different from the applicant and site manager(s) – where necessary please use a continuation sheet.

Role:

Name:

Date of Birth: __/__/____

House Name/Number

First line of address:

Town/City

Postcode:

Basic Disclosure Certificate Attached

Yes No

Role:

Name:

Date of Birth: __/__/____

House Name/Number

First line of address:

Town/City

Postcode:

Basic Disclosure Certificate Attached

Yes No

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:

Address:

Post code:

Name of Local Authority which issued the licence for this site, or to whom applications have been made if before the commencement of the Scrap Metal Dealers Act 2013

Continue on a separate sheet of paper if necessary:

Only applicable to sites established after 1st November 1990

Do you have planning permission (please Tick)

Yes No

SECTION 4. TO BE COMPLETED IF APPLYING FOR A COLLECTORS LICENCE**N.B. Collector's licence authorises the licensee to carry out business as a mobile collector in the authority's area.****Details of prospective licence holder**

Title(Please Tick)

Mr Mrs Miss Ms Other

(if other please state)

I am 18 years old or over (please tick)

Yes No

Date of Birth: __/__/____

Surname:

Forenames:

I attach a Basic Disclosure Certificate issued for the applicant by Disclosure Scotland:

Yes No

If you do not provide a disclosure certificate your application may be delayed or rejected

Contact Details (we will use your business address to correspond with you unless you indicate we should use your home address)**Business Address:**

Head office name or house name or number

First line of address: _____

Town/City: -
_____Postcode: -

Telephone Numbers:

Daytime

Evening

Mobile

Home Address:House Name or Number:-
_____First Line of address
_____Town/City: -
_____Postcode: -

Email address (if you would prefer us to correspond with you by email)

Please note that you must still provide us with a postal address

Where will scrap metal that has been purchased be stored before further disposal?

House Name/Number:

First line of Address

Town/City

Postcode:

Will not be stored

SECTION 5. MOTOR SALVAGE (for all applicants)

Will your business consist of acting as a motor salvage operator? This 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 or repairing them and selling them off.

Please tick

Yes No

SECTION 6 BANK ACCOUNTS THAT WILL BE USED FOR PAYMENTS TO SUPPLIERS (for all applicants)

Please provide details of bank account(s) that will be used to make payment to suppliers. In accordance with s.12 Scrap Metal Dealers Act 2013. If more than two accounts will be used please use a continuation sheet.

Bank Name:	Bank Name:
Account Name:	Account Name:
Sort Code:	Sort Code:
Account Number:	Account Number:

SECTION 7 PAYMENT (for all applicants)

How do you wish to make payment for your scrap metal dealer’s licence (please tick)

Cheque: (all cheques made payable to London Borough of Hounslow)

Postal Order: (all postal orders payable to London Borough of Hounslow)

SECTION 8 CRIMINAL CONVICTIONS (for all applicants)

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 list of relevant offences)

Yes No

If ‘yes’ you must provide details for each conviction, the date of the conviction, the name and location of the convicting court, offence of which you were convicted and the sentence imposed. (please continue on a separate sheet of paper if necessary)

SECTION 9 DECLARATION (for all applicants)

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 licenced 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 convictions. Some details will also be displayed on a national register, as required by the Scrap Metal Dealers Act 2013. I hereby expressly consent to the processing of my data and display of relevant information on the public register.

Signed: (Please print your name)

Capacity: Date: