



## Application form for Scrap Metal Dealers Licence

### SECTION 1. (for ALL applicants)

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

A site licence  A collector's 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 'Renewal' 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:

Please use a continuation sheet if necessary

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

Have you ever had an application for a site licence or collectors licence refused/revoked by another local authority:

Yes  No

If yes then please provide details of the local authority that refused your application or revoked your licence and the reasons for that decision:

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

Yes  No

If 'yes' please provide your carrier's registration number:

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

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

Details of individual prospective licence holder:

Title (please tick): Mr  Mrs  Miss  Ms  Other

Date of Birth:

Full Name:

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:

Daytime Telephone Number:

Mobile Telephone Number:

Email Address:

Home Address - you must still provide us with your home address even if you do not wish it to be used for correspondence:

House name or number:

First line of address:

Town/City:

Postcode:

Daytime Telephone Number:

Mobile Telephone Number:

Email Address:

**Site Details** - please list the details for each site where you propose to carry on 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 business as a scrap metal dealer	Site manager(s) details if different from the applicant
<p>Site 1</p> <p>Name or Number:</p> <p>First line of address:</p> <p>Town/City:</p> <p>Postcode:</p> <p>Telephone Number:</p> <p>Email address:</p> <p>Website address:</p>	<p>Name:</p> <p>House name or number:</p> <p>First line of address:</p> <p>Town/City:</p> <p>Postcode:</p> <p>Date of Birth:</p> <p><b>Basic Disclosure Certificate attached</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Site 2</p> <p>Name or Number:</p> <p>First line of address:</p> <p>Town/City:</p> <p>Postcode:</p> <p>Telephone Number:</p> <p>Email address:</p> <p>Website address:</p>	<p>Name:</p> <p>House name or number:</p> <p>First line of address:</p> <p>Town/City:</p> <p>Postcode:</p> <p>Date of Birth:</p> <p><b>Basic Disclosure Certificate attached</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Partnerships</b> (If you 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>	
<p>Full name:</p> <p>Date of Birth:</p> <p>Residential address:</p> <p><b>Basic Disclosure Certificate attached</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Full name:</p> <p>Date of Birth:</p> <p>Residential address:</p> <p><b>Basic Disclosure Certificate attached</b></p> <p>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:

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 or number:

First line of address:

Town/City:

Postcode:

**Basic Disclosure Certificate attached**

Yes  No

Role:

Name:

Date of Birth:

House name or 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:

Postcode:

Please include the name of the Local Authority which has licensed this site, or to whom applications have been made if before commencement of the Scrap Metal Dealers Act 2013:

Local Authority name:

Please use a continual sheet if there is more than one Local Authority.

*Only applicable to sites established after 1 November 1990*

Do you have planning permission (please tick)

Yes  No

What year did this site begin trading as a Scrap Metal Yard:

**SECTION 4. TO BE COMPLETED IF APPLYING FOR A COLLECTOR'S LICENCE N.B. – A collector's licence authorises the licensee to carry out business as a mobile collector in the authority's area only.**

**Details of prospective licence holder**

Title (please tick): Mr  Mrs  Miss  Ms  Other

Date of Birth:

Full Name:

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:

Daytime Telephone Number:

Mobile Telephone Number:

Email Address:

**Home Address PLEASE NOTE YOU MUST STILL PROVIDE US WITH YOUR HOME ADDRESS EVEN IF YOU DO NOT WISH IT TO BE USED FOR CORRESPONDANCE**

House name or number:

First line of address:

Town/City:

Postcode:

Daytime Telephone Number:

Mobile Telephone Number:

Email Address:

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

House name or number:

First line of address:

Town/City:

Postcode:

Will not be stored

Vehicle Registration Number  
(Please use a separate sheet if you wish to register more than one vehicle)

Make

Model

Colour

Tax Class

Insurance Company

Insurance Policy Number

Environment Agency Waste Carriers Licence  
Number

A photocopy of your Vehicle registration documents (V5 log book & MOT), Insurance Certificate and Waste Carriers Licence will be required with your application.

### 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 them 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 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.

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/Postal Order full fee

Debit/Credit Card full fee

Cash full fee

Please make cheques payable to Richmondshire District Council.

**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 attached for a 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 use a continuation sheet 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 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.

Signed

Date

### **Documents to be submitted with your application form (please note all documentation must be in the correct name of the applicant):**

- Basic disclosures for each person contained within the application form
- Relevant fee – [scrap metal dealers fees](#)
- Photographic identification for each person required such as driving licence or passport
- Waste carrier licence
- If the application is in a limited company name a copy of the Certificate of Incorporation and a list of the directors
- For a collectors licences in addition to the above documents we also require:
  - a photograph of the applicant that complies with passport requirements
  - your vehicle registration documents (V5 log book)
  - MOT certificate
  - insurance certificate





### CONSENT FOR CRIMINAL RECORD CHECKS

Please complete the form below in capital letters.

Regarding my application for .....

I consent to allow information provided in the application to be used to undertake criminal record checks in the UK and overseas and for the information to be forwarded to and utilised by

.....

(The body submitting the request to the UK Central Authority)

Signed..... Date .....

Forename(s) .....

Surname(s) .....

Date of Birth .../.../.....

Town of Birth .....

**PLEASE ENSURE THE ADDITIONAL DOCUMENT INTERNATIONAL CONVICTION EXCHANGE REQUEST FORM IS INCLUDED WITH THE REQUEST.**