

Application for Registration as a Scrap Metal Dealer

Before completing this form please read the guidance notes at the end of the form. 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.

You may wish to keep a copy of the completed form for your records.

If you are currently registered as a scrap metal dealer or a motor salvage operator you will be able to apply for a licence from 1st August 2013. As long as you submit your application before 15th October you will be automatically issued with a temporary licence pending completion of formal suitability assessments. There will be a fee payable. If you do not submit an application within this time frame you will be treated as if you are a new applicant. This would mean that you would not be able to legally trade until a licence was granted to you.

Please tick the box that applies to you.

Convert under grandfather rights

New

Please indicate the type of licence that you are applying for - tick the box that applies to you.

Site Licence

Mobile Collector

A site licence authorises the licensee to carry on business at any site in the authority's area which is identified on the licence

A mobile collectors licence authorises the collector to collect house to house or businesses only within the Borough of Tonbridge and Malling

Please State your trading or company name

Please tick the box that applies to you.

Sole Trader see (Q1)

Partnership see (Q1 and Q2 A and B)

Limited Company see (Q2B)

1. Sole Trader or first Partner - Your personal details

TITLE Please tick	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)	
Surname	
Forenames	
PREVIOUS NAMES (if relevant) please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary.	
TITLE Please tick	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)	
Surname	
Forenames	
Date of Birth	
Place of Birth	
National Insurance Number	
ADDRESS WHERE ORDINARILY RESIDENT (We will use this address to correspond with you unless you complete the separate correspondence box below).	
Post town	Post code
TELEPHONE NUMBERS	
Home	
Work	
Mobile	
FAX NUMBER	
E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail)	

2A. Partnership – Second Partner	
TITLE Please tick	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)	
Surname	
Forenames	
PREVIOUS NAMES (if relevant) please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary.	
TITLE Please tick	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)	
Surname	
Forenames	

Date of Birth	
Place of Birth	
National Insurance Number	
ADDRESS WHERE ORDINARILY RESIDENT (We will use this address to correspond with you unless you complete the separate correspondence box below).	
Post town	Post code
TELEPHONE NUMBERS	
Home	
Work	
Mobile	
FAX NUMBER	
E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail)	

2B. OTHER APPLICANTS

Please provide name and registered address of applicant/s in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name

Registered Address

Registered number (where applicable)

Description of applicant (for example, partnership, company, unincorporated association etc.)

Telephone number (if any)

E-mail address (optional)

3. Business Details

Name

Full postal address/es for all business premises used for scrap metal

Contact Number/s

Business Bank Details:

Account Name:

Account Number:

Sort Code:

Bank account is with:

4. Please supply details of any County Court Judgements against the business or its principals over the past 5 years

5. Please indicate if this is an initial application or an application for renewal

Initial

Renewal

If this is a renewal please give details of your current registration
(Name and address of issuing authority, Dates of approval)

6. Has any previous application for registration by yourself or any other person named on this form been refused?

Yes

No

If yes, please state which local authority and the reason for refusal

--

7. If applicable state the name and details of the individual whom you wish to specify on the licence as the site manager	
Name	
Address	
Postcode	
Date of birth	

8. If a vehicle/s are being used for the business please state the details of this vehicle/s – please continue on a separate page if you have more vehicles		
Make	Model	Registration
Make	Model	Registration
Make	Model	Registration

9. Do you carry on or propose to carry on the business as mobile collector?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>

10. Are you registered with the Environment Agency as a controlled waste carrier?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide the licence details (reference, dates of licence)	

11. Contact details for correspondence associated with this application (if different to the addresses above)

Address	
Post Town	Post Code
TELEPHONE NUMBERS	
Daytime	
Evening	
Mobile	
E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail)	

12. Checklist - I have:

Please tick yes

- | | |
|---|--------------------------|
| <ul style="list-style-type: none"> enclosed two photographs of each applicant, one of which is endorsed as a true likeness of me by a solicitor or notary, a person of standing in the community or any individual with a professional qualification | <input type="checkbox"/> |
| <ul style="list-style-type: none"> enclosed a criminal conviction certificate or a criminal record certificate or the results of a subject access search of the police national computer by the National Identification Service | <input type="checkbox"/> |
| <ul style="list-style-type: none"> enclosed a completed disclosure of criminal convictions and declaration form | <input type="checkbox"/> |
| <ul style="list-style-type: none"> enclosed a copy of the insurance for all vehicles used within this business | <input type="checkbox"/> |
| <ul style="list-style-type: none"> enclosed a second form of photographic identification | <input type="checkbox"/> |

13. Declaration

I have read and understand the guidance notes for registration as a scrap metal dealer.

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 Tonbridge and Malling 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.

SIGNATURE(s)	DATE

Notes

1. Enclose a Criminal Conviction Certificate (Basic Disclosure) – This can be obtained by contacting Disclosure Scotland on 0870 609 6006 and requesting an application pack for a basic disclosure. You can also apply online at www.disclosurescotland.co.uk it costs £25
2. When completed, please return this form to the
Licensing Section
Tonbridge and Malling Borough Council
Gibson Building
Gibson Drive
Kings Hill
West Malling
Kent ME19 4LZ