



**South
Derbyshire**
District Council

Application for a 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

Please provide details of any relevant environmental permit, exemption or registration in relation to the applicant(s):

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 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.

Applicant Details

Title (please tick):

Mr Mrs Miss Ms Other

(please state):

I am 18 years old or over. Please tick:

Yes No

Date of Birth:

Surname:

Any previous surnames:

Forenames:

Position/Role in the business:

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

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:

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

Postcode: <input type="checkbox"/> Please use my home address for correspondence	Please note that you must still provide us with a postal address
<p>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]</p>	
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> Full address: Postcode: Telephone number: Email: Website address:	Name: Any previous names: House name or number: First line of address: Town/City: Postcode: Date of Birth: Basic Disclosure certificate attached: Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Site 2</p> Full address: Postcode: Telephone number: Email: Website address:	Name: Any previous names: House name or number: First line of address: Town/City: Postcode: Date of Birth: Basic Disclosure certificate attached:

	Yes <input type="checkbox"/> No <input type="checkbox"/>
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)	
Full name: Any previous names: Date of birth: Residential address: Basic Disclosure certificate attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	Full name: Any previous names: Date of birth: Residential address: Basic Disclosure certificate attached: Yes <input type="checkbox"/> No <input type="checkbox"/>
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:	Role: Name: Date of Birth: House name or number: First line of address: Town/City: Postcode:

<p>Basic Disclosure certificate attached:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Basic Disclosure certificate attached:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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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 name the local authority which has licensed this site:

Please continue on a separate sheet of paper if necessary.

Only applicable to sites established after 1 November 1990

Do you have planning permission (please tick)

Yes No

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. Please provide a passport photograph as part of your application.

Applicant Details	
<p>Title (please tick):</p> <p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/></p> <p>(please state):</p>	<p>I am 18 years old or over. Please tick:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date of Birth:</p>
<p>Surname:</p> <p>Any previous surnames:</p>	<p>Forenames:</p>

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)

<p>Business Address:</p> <p>Head office name or house name or number:</p> <p>First line of address:</p> <p>Town/City:</p> <p>Postcode:</p>	<p>Telephone numbers:</p> <p>Daytime:</p> <p>Evening:</p> <p>Mobile:</p>
<p>Home address:</p> <p>House name or number:</p> <p>First line of address:</p> <p>Town/City:</p> <p>Postcode:</p> <p><input type="checkbox"/> Please use my home address for correspondence</p>	<p>Email address (if you would prefer us to correspond with you by email):</p> <p>Please note that you must still provide us with a postal address</p>
<p>Vehicle details</p> <p>If you have more than 4 vehicles, please provide details for each vehicle on a continuation sheet.</p>	
<p>How many vehicles will be used in your business as a collector?</p>	
<p>Vehicle 1:</p> <p>Vehicle Registration No:</p> <p>MOT expiry date:</p> <p>Insurance expiry Date:</p>	<p>Vehicle 2:</p> <p>Vehicle Registration No:</p> <p>MOT expiry date:</p> <p>Insurance expiry Date:</p>
<p>Vehicle 3:</p> <p>Vehicle Registration No:</p> <p>MOT expiry date:</p> <p>Insurance expiry Date:</p>	<p>Vehicle 4:</p> <p>Vehicle Registration No:</p> <p>MOT expiry date:</p> <p>Insurance expiry Date:</p>
<p>SECTION 5. MOTOR SALVAGE (For all applicants)</p>	
<p>Will your business consist of acting as a motor salvage operator? This is defined as a business that:</p> <ul style="list-style-type: none"> • 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

To operate as a motor salvage operator you will need to apply for a site licence.

For collector's only

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

Address:

Postcode:

Will not be stored

Driver Details:

Full name	Date of Birth	Residential address	Relevant Convictions	Employed or self-employed?

**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 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 include any pending prosecutions.

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:

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:

Signed:

Date:

Signed:

Date:

Signed:

Date:

Checklist – please ensure the following are submitted with your application form:

- Basic Disclosure Certificate for all applicants
- Proof of identity for all applicants
- Passport photo (collectors only)
- Fee

Privacy Notices

How is your information used?

We collect information to assess your suitability to be issued with a licence. We may also use your contact details in the event that we need to contact you in relation to your licence.

Who has access to your information?

Information is shared with other regulatory and enforcement authorities including, but not limited to, other Council services; Councillors; the Police; Trading Standards; HM Revenues and Custom; Environment Agency and other local authorities when allowed to by law for the purposes of the administration and enforcement of authorisations, and for the purposes of the prevention and detection of crime, public safety, public health, protection of the environment and prevention of fraud.

Certain information about licences (including in particular your name and the address of any premises to which a licence applies) may be published on a public register on the Environment Agency's website as required by law. Licences that have to be determined by our Councillors will be published in minutes on our website.

For further information about how your personal information will be used, please visit www.south-derbys.gov.uk where you can see a full copy of our privacy notice. Alternatively you can request a hard copy from licensing@south-derbys.gov.uk