

Application for a scrap metal licence

Section 1. Licence type (for all applicants)		
Please indicate the type of licence you are applying for (please tick):		
Site licence <input type="checkbox"/>	Collector's licence <input type="checkbox"/>	
Are you applying as (please tick):		
An individual <input type="checkbox"/>		
A company <input type="checkbox"/>		
A partnership <input type="checkbox"/>		
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 <input type="checkbox"/>	Renewal of an existing licence <input type="checkbox"/>	
If 'yes' please provide your existing licence number:		
Section 2. Permits, registrations and licences in force (for all applicants)		
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 (continue on a separate sheet if necessary).		
Are you registered as a waste carrier? (please tick)		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If 'yes' please provide your carrier's registration number:		

Section 3. Site licence (to be completed if applying for a site licence)

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 prospective licence holder

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 or city:</p> <p>Postcode:</p>	<p>Daytime phone number:</p> <p>Evening phone number:</p> <p>Mobile number:</p>
<p>Home address:</p> <p>House name or number:</p> <p>First line of address:</p> <p>Town or 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>

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. 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 details (if different from the applicant):
<p>Site 1</p> <p>Name or number:</p> <p>First line of address:</p> <p>Town or city:</p> <p>Postcode:</p> <p>Telephone number:</p> <p>Email address:</p> <p>Website address:</p>	<p>Name:¹</p> <p>House name or number:²</p> <p>First line of address:</p> <p>Town or city:</p> <p>Postcode:</p> <p>Date of birth:</p> <p>Basic disclosure certificate attached: Yes <input type="checkbox"/> No <input type="checkbox"/> ³</p>
<p>Site 2</p> <p>Name or number:</p> <p>First line of address:</p> <p>Town or 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 or city:</p> <p>Postcode:</p> <p>Date of birth:</p> <p>Basic disclosure certificate attached: Yes <input type="checkbox"/> No <input type="checkbox"/></p>

¹ Please also state your maiden name or any other surnames you have previously been known by.

² Please provide the site manager's home address as this will facilitate conducting checks on whether they are a suitable person.

³ If you do not provide a disclosure certificate issued for the named person by the Disclosure and Barring Service, no more than three months before the date of this application, your application may be delayed or rejected.

Individuals Please complete this section if you are applying as an individual.	
Title (please tick): Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please state):	I am 18 years old or over. Please tick Yes <input type="checkbox"/> No <input type="checkbox"/> Date of birth:
Surname:	Forenames:
Please also state your maiden name or any other surnames you have previously been known by:	
Position or role in the business:	
I attach a basic disclosure certificate issued for the applicant by the Disclosure and Barring Service (DBS): Yes <input type="checkbox"/> No <input type="checkbox"/> If you do not provide a disclosure certificate your application may be delayed or rejected.	
Partnerships If you are applying as a partnership, please provide the following details for each partner. Where there are more than two partners then please continue on a separate sheet.	
Full name: ⁴ Date of birth: Residential address: Basic disclosure certificate attached: Yes <input type="checkbox"/> No <input type="checkbox"/> ⁵	Full name: Date of birth: Residential address: Basic disclosure certificate attached: Yes <input type="checkbox"/> No <input type="checkbox"/>

⁴ Please also state your maiden name or any other surnames you have previously been known by.

⁵ If you do not provide a disclosure certificate issued for the named person by the Disclosure and Barring Service, no more than three months before the date of this application, your application may be delayed or rejected.

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, shadow director and company secretary** where these are different from the applicant and site manager (continue on a separate sheet if necessary).

Role:

Name:

Date of birth:

House name or number:

First line of address:

Town or city:

Postcode:

Basic disclosure certificate attached:

Yes No ⁶

Role:

Name:

Date of birth:

House name or number:⁷

First line of address:

Town or city:

Postcode:

Basic disclosure certificate attached:

Yes No ⁸

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, or to whom applications have been made if before commencement of the Scrap Metal Dealers Act 2013:

Please continue on a separate sheet if necessary.

⁶ If you do not provide a certificate issued for the named persons no more than three months before the date of this application, your application may be delayed or rejected.

⁷ Please provide the director's home address as this will facilitate conducting checks on whether they are a suitable person.

⁸ If you do not provide a disclosure certificate issued for the named person by the Disclosure and Barring Service, no more than three months before the date of this application, your application may be delayed or rejected.

Only applicable to sites established after 1 November 1990

Do you have planning permission (please tick)

Yes No

Section 4. Collector's licence (To be completed if applying for a collector's licence)

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

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

Company name:

Trading name (if different):

Registration number:

Individuals (If you are applying as an individual please provide the details set out below)

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:

Forenames:

Please also state your maiden name or any other surnames you have previously been known by:

I attach a basic disclosure certificate issued for the applicant by the Disclosure and Barring Service (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:

House name or number:

First line of address:

Town or city:

Postcode:

Daytime phone number:

Evening phone number:

Mobile number:

Home address:

House name or number:

First line of address:

Town or 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

Please use my home address for correspondence

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

House name or number:

First line of address:

Town or 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 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.

Section 6. Bank accounts that will be used for payments to suppliers (for all applicants)

Please provide details of the bank accounts that will be used to make payment to suppliers, in accordance with section 12 of the Scrap Metal Dealers Act 2013. If more than two bank accounts will be used, please continue on a separate 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)

Direct Debit (please complete separate Direct Debit form)

Cheque (please make payable to Harlow 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 below 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:

Section 9. Checklist (for all applicants)

I have (please tick appropriate boxes):

enclosed a basic disclosure form dated within 3 months for each applicant, director and partner
enclosed two passport photographs (collectors only)
enclosed the application fee
enclosed copies of any environmental permit, exemption or registration
signed the declaration in section 10

Section 10. 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 paragraph 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:

Please return your completed form to:

Licensing
Harlow Council
Civic Centre
The Water Gardens
College Square
Harlow CM20 1WG

Email: licensing@harlow.gov.uk