



Application for a Scrap Metal Dealers Licence



Scrap Metal Dealers Act 2013

Stratford-on-Avon District Council

Environment and Planning, Elizabeth House, Church Street, Stratford-upon-Avon. CV37 6HX

Telephone: 01789 260211 Facsimile: 01789 260808 Minicom: 01789 260747

Website: www.stratford.gov.uk Email: licensing@stratford-dc.gov.uk

If you find the text in this form difficult to read we may be able to supply it in a format better suited to your needs.

Please write legibly in **BLOCK CAPITALS**, and ensure that your answers are inside the boxes and written in **black ink**. All questions must be answered. Incomplete applications will not be processed. You may wish to keep a copy of the completed form for your records.

Section 1 - Licence details

What type of licence do you wish to apply for? (tick one)

Site Licence

Collector's Licence

What type of application do you wish to make? (tick one)

Grant of a new Licence

Renewal of an existing Licence

Variation of an existing Licence

If making a variation, what is the nature of the variation?

Current licence number: (leave blank if you are making a new application)

Expiry date of current licence (DD/MM/YYYY)

If you are applying to vary an existing licence from which date do you wish the proposed amendments to take effect?

Section 2 - Business details

Please give the trading name(s) by which your business is/will be known (if any)

Please indicate the business activities that you intend to carry on under this licence

Buying and selling scrap metal

Recovering salvageable parts from motor vehicles for re-use or sale

Buying written-off vehicles for repair and resale

Buying or selling vehicles for salvage or repair purposes

Other (please state)

Section 3 - Site details **Do not complete if you are applying for a Collector's licence**

How many sites do you intend to operate under this licence if your application is granted?

I have completed Annex A with details of all the sites where it is proposed to carry on business as a scrap metal dealer under this licence, and the managers of those sites (please tick)

If more than four sites are to be operated please give details of further sites on an additional sheet.

If you are applying to vary a licence please include details of all of your sites even if the proposed changes do not affect those sites and highlight any changes to site details or site manager details as applicable.

Do you also intend to operate any mobile collection vehicles from these sites?

Yes

No

If so, please describe the arrangements for how these vehicles will operate: *(continue on a blank sheet where necessary)*

Section 4 - Collectors details **Do not complete if you are applying for a Site licence**

Where will the vehicle(s) be kept when not in use?

Where will your records, receipts of metal, disposal of metal, be kept?

Section 5 - Other licences, permits and registrations

Do you currently hold a scrap metal site licence issued by Stratford District Council or any other council, or have you held such a licence within the previous 3 years?

Yes

No

Do you currently hold a scrap metal collector's licence issued by Stratford District Council or any other council, or have you held such a licence within the previous 3 years?

Yes

No

Do you currently hold a relevant environmental permit or registration?

Yes

No

Are you registered as a waste carrier?

Yes

No

If you have answered 'yes' to any of the above please give details of the licence, permit or registration below: (continue on a blank sheet where necessary)

Licence/permit type	Issued by	Reference number	Start date	End date

Section 7 - Applicant's details

This application is made by (tick one)

An individual *Please give details in Part A*

A partnership *Please give details in Parts A & B*

A limited company *Please give details in Part C*

Part A - Individual Applicant / First Partner

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other <i>(please state)</i>	<input type="text"/>
Full Name	<input type="text"/>				
Home Address	<input type="text"/>				
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth <i>(DD/MM/YYYY)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>				

Part B - Second Partner

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other <i>(please state)</i>	<input type="text"/>
Full Name	<input type="text"/>				
Home Address	<input type="text"/>				
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth <i>(DD/MM/YYYY)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>				

If there are more than two partners please give the details of further partners on a separate sheet.

Part C - Limited Company applicant **Please also complete Annex B with Director's details**

Registered Name	<input type="text"/>				
Registered Office Address	<input type="text"/>				
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Registration Number	<input type="text"/>				
Registered with	<input type="checkbox"/> UK Companies House	<input type="checkbox"/> Other <i>(please state)</i>	<input type="text"/>		
Daytime Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>				

Section 8 - Suitability of applicant(s)

In the following questions, 'relevant person' includes:

- The individual applying for the licence
- Any of the partners of a partnership applying for a licence
- Any of the directors, company secretary, or shadow directors of a company applying for a licence
- Any site manager identified in this application

Has any relevant person previously been convicted of a relevant offence, or has any relevant person previously been cautioned in respect of a relevant offence, in either case where the conviction or caution is not considered to be 'spent'?

Yes No

Convictions and cautions which are considered 'spent' under the provisions of the Rehabilitation of Offenders Act 1974 need not be disclosed. Driving licence endorsements are also not relevant

Has any relevant person been charged with an offence and is currently awaiting the outcome of those proceedings?

Yes No

Has any relevant person previously had an application for a scrap metal licence refused, or a scrap metal licence revoked, by any council

Yes No

Has any relevant person previously been subject to any other relevant enforcement action, by any Council, Police or applicable government agency?

Yes No

If any of the above questions have been answered 'yes', please provide further details in respect of those matters in the space below:

Please note that a Basic Disclosure certificate must be supplied, at the time of application, in respect of every applicant (or partner, or director of a limited company applicant) and site manager named in this application. Certificates must have been obtained in the relevant individual's name and issued within the last 3 months.

Section 9 - Bank account details (for payments to scrap metal suppliers)

As part of the application process, the Council is required to verify that the business has a bank or building society account from which payments for scrap metal will be made. It is an offence to make payments for scrap metal other than by cheque or electronic funds transfer.

Please give details of this account below:

Name of bank/building society

Name in which account is held

Bank sort code

 : :

Bank account number

Section 10 - Application fee(s) Please tick one of the following options

I enclose a cheque for £ : payable to Stratford-on-Avon District Council

I wish to pay the application fee(s) by credit or debit card – please contact me to arrange payment.

Section 11 - Declaration and signatures

Every applicant must sign the form

- 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 the Act, for which I may be prosecuted, and if convicted, fined.*
- I understand that the Council may consult other agencies about my suitability to be licensed as a scrap metal dealer, and that those other agencies may include other local authorities, the Environment Agency, and other local and national police forces.*
- I understand that data within this application may be shared with other agencies, for the purpose of assessing 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 the processing of my data and display of relevant information on the public register.*

Signed

PRINT NAME

Dated (DD/MM/YYYY) / / 2 0

Signed

PRINT NAME

Dated (DD/MM/YYYY) / / 2 0

*If there are more than two partners, a copy of this page should be taken to allow all partners to sign.
Where the application is made by a limited company, the form should be signed by an officer of the company.*

Completed application forms should be submitted, along with basic disclosure certificates for the applicant, partners, company directors and site managers, and payment of the appropriate fee(s), to:

**Licensing Department, Stratford-on-Avon District Council
Elizabeth House, Church Street, Stratford-upon-Avon, Warwickshire. CV37 6HX**

Data Protection – PLEASE READ THIS NOTICE CAREFULLY

We will use the information you provide in this form and in any supporting documents to process and determine your application for a licence. The information will be held on file and on an internal database, and such public documents as we may be required to maintain.

The information supplied may be passed to other bodies, including law enforcement agencies and government departments, as allowed by law. We may check information you have provided, or information that another person has provided, with other information we hold. We may also obtain information about you from, or provide information to, organisations such as government departments, law enforcement agencies, other local authorities and private sector organisations such as banks, insurance companies or legal firms, to verify the accuracy of information, prevent or detect crime, or protect public funds.

We will not give your information to anyone else, or use information about you for other purposes, unless the law requires us to.

Stratford-on-Avon District Council is the data controller for the purposes of the Data Protection Act. If you would like to know more about what information we hold about you, or the way we use it, please contact us.

Office use only

Date received / / 2 0

Receipt number

Application complete

Licence valid from / / 2 0

Fee received Cheque

Card

Income Code 6 3 0 5 4 1 3 3 1 1

Licence approved

Licence expires / / 2 0

Annex A - details of scrap metal sites

Please complete the following details for each site you operate. Include any sites in other local authority areas.
Use additional sheets where necessary.

Site 1

SITE 1 postal address

Postcode

Opening hours (24 hour clock)

 : to :

Daytime Telephone

Email address

SITE 1 Managers full name

Manager's home address

Postcode

Date of Birth (DD/MM/YYYY)

 / /

Details of any environmental permit, registration or any scrap metal licence issued by any local authority within the last 3 years held by the site manager.

Licence/permit type	Issued by	Reference number	Start date	End date

Site 2

SITE 1 postal address

Postcode

Opening hours (24 hour clock)

 : to :

Daytime Telephone

Email address

SITE 1 Managers full name

Manager's home address

Postcode

Date of Birth (DD/MM/YYYY)

 / /

Details of any environmental permit, registration or any scrap metal licence issued by any local authority within the last 3 years held by the site manager.

Licence/permit type	Issued by	Reference number	Start date	End date

Annex B - Details of limited company directors

Please complete the following details for each director of the company. Use additional sheets where necessary.

Director 1

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please state)	<input type="text"/>
Full Name	<input type="text"/>				
Home Address	<input type="text"/>				
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (DD/MM/YYYY)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Daytime Telephone	<input type="text"/>				
Email address	<input type="text"/>				

Director 2

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please state)	<input type="text"/>
Full Name	<input type="text"/>				
Home Address	<input type="text"/>				
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (DD/MM/YYYY)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Daytime Telephone	<input type="text"/>				
Email address	<input type="text"/>				

Director 3

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please state)	<input type="text"/>
Full Name	<input type="text"/>				
Home Address	<input type="text"/>				
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (DD/MM/YYYY)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Daytime Telephone	<input type="text"/>				
Email address	<input type="text"/>				

Director 4

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please state)	<input type="text"/>
Full Name	<input type="text"/>				
Home Address	<input type="text"/>				
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (DD/MM/YYYY)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Daytime Telephone	<input type="text"/>				
Email address	<input type="text"/>				

Please note that a Basic Disclosure, issued within the last 3 months, must be submitted for each director.