

## Application for a scrap metal site licence Scrap Metal Dealers Act 2013

Before completing this form please read the notes at the end of the form and the guidance notes for a scrap metal dealers licence.

If you are completing this form by hand, please write clearly, in black ink and in CAPITALS. In all cases make sure that you answer all the questions and submit all the relevant documents with your application. Use additional sheets if necessary. **The application and all documents must be sent to: Licensing Partnership, P.O Box 182, Sevenoaks, Kent, TN13 1GP. Telephone: 01732 227004 or Email: [licensing@sevenoaks.gov.uk](mailto:licensing@sevenoaks.gov.uk)**

If you do not complete all questions, pay the required fee or submit all documents your application will not be valid and will not be able to be processed.

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

Please tick which Licensing Authority you are applying to operate within (please note one application form per authority):

London Borough of Bexley		Tunbridge Wells Borough Council		Maidstone Borough Council		Sevenoaks District Council	
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### SECTION 1. GENERAL

Are you applying as (please tick relevant box and complete the relevant part in section 7):

An individual (7a)      A partnership (7b)      A limited company (7c)

Does the applicant business have a trading name? (Please tick relevant box) Yes      No

If yes, what is the trading name of the business:

Do all the sites listed in section 2 operate under this trading name? (Please tick relevant box)

Yes      No

If no, please provide the trading name under which each site operates:

Does the applicant business have a webpage and/or any social media sites? (Please tick relevant box)

Yes      No

If yes, please list all webpage addresses and social media used:

## SECTION 2. ADDRESS OF SITE(S) AND SITE MANAGER(S) DETAILS

List each site for the licensing authority applied for where the applicant proposes to carry on a business as a scrap metal dealer/motor salvage operator, together with the details of the person responsible for managing the site on a day to day basis (site manager).

If the applicant operates multiple sites within a licensing authority area, provision should be made for more than one site manager.

A 'Basic Disclosure Certificate', together with one quality photograph and two forms of ID must be provided in respect of **every** site manager named in the application.

A plan must be provided in respect of each site. The plan(s) must be on a scale of 1:100 or 1:50. If more than two sites are being applied for, please provide **all** the information required on a separate piece of paper and submit with the application.

### Site one

Site Trading Name:

Site address:

Post Code:

Site Telephone Number:

Site Website:

**Manager of site one**

Title: Mr Mrs Miss Ms Other (please state):

Surname:

Forenames:

Home Address:

Post Code:

Home Telephone Number:

Personal Mobile Number:

Date of Birth:

Place of Birth (e.g. Town & Country e.g. Bath, UK):

National Insurance No:

**Site two**

Site Trading Name:

Site address:

Post Code:

Site Telephone Number:

Site website:

**Manager of site two**

Title: Mr      Mrs      Miss      Ms      Other      (please state):

Surname:

Forenames:

Home Address:

Post Code:

Home Telephone Number:

Personal Mobile Number:

Date of Birth:

Place of Birth (e.g. Town & Country e.g. Bath, UK):

National Insurance No:

### SECTION 3. PLANNING AND OPENING HOURS

Site 1 opening hours:	Site 2 opening hours
Monday <input type="text"/>	Monday <input type="text"/>
Tuesday <input type="text"/>	Tuesday <input type="text"/>
Wednesday <input type="text"/>	Wednesday <input type="text"/>
Thursday <input type="text"/>	Thursday <input type="text"/>
Friday <input type="text"/>	Friday <input type="text"/>
Saturday <input type="text"/>	Saturday <input type="text"/>
Sunday <input type="text"/>	Sunday <input type="text"/>

Has the site(s) detailed in section 2 above got planning consent to be used as a site for scrap metal?

Yes      No

If no, please give reasons why not (e.g. not needed as the site(s) were established before 1990, in the process of applying, etc.)

### SECTION 4. TEMPORARY STORAGE

Are there any locations (other than the site(s) detailed in section 2 above) where any scrap metal received is stored? Please note 'location' includes any building, yard, garage or garden Yes      No

If yes, please provide the following information for each location used solely for the storage of scrap metal.

Address:

Post Code:

**SECTION 5. MOTOR SALVAGE OPERATOR**

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 sale, and subsequently selling or otherwise disposing of the rest of the vehicle for scrap
- wholly or mainly in buying written-off vehicles and subsequently repairing and reselling them
- wholly or mainly buys or sells motor vehicles for the purpose of salvaging parts from them or repairing them and selling them off

Yes      No

**SECTION 6. BANK ACCOUNTS**

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:

Sort code:

Account number:

Please state which of the sites listed in Section 2 are to use this bank account.

Account name:

Sort code:

Account number:

Please state which of the sites listed in Section 2 are to use this bank account.

**SECTION 7. APPLICANT DETAILS**

**7a - Individual Trader**

Title: Mr Mrs Miss Ms Other (please state):

Surname:

Forenames:

Home Address:

Post Code:

Home Telephone Number:

Personal Mobile Number:

Date of Birth:

Place of Birth (e.g. Town & Country e.g. Bath, UK):

National Insurance No:

**7b - Partnership** (if more than 2 partners, please provide this information for each additional partner on a separate sheet)

Title: Mr Mrs Miss Ms  
Other (please state):

Surname:

Forenames:

Title: Mr Mrs Miss Ms  
Other (please state):

Surname:

Forenames:

Home Address:

Post Code:

Home Telephone Number:

Personal Mobile Number:

Date of Birth:

Place of Birth (e.g. Town & Country e.g. Bath, UK):

National Insurance No:

Home Address:

Post Code:

Home Telephone Number:

Personal Mobile Number:

Date of Birth:

Place of Birth (e.g. Town & Country e.g. Bath, UK):

National Insurance No:

### 7c - Limited Company

Full name of Company:

Company Registration number:

Address of the registered office:

Post Code:

Company telephone number:



Company email:

**Please provide below the following details for each director(s), shadow director(s) and company secretary**

Title: Mr      Mrs      Miss      Ms  
Other      (please state):

Surname:

Forenames:

Role in company:

Home Address:

Post Code:

Home Telephone Number:

Personal Mobile Number:

Date of Birth:

Title: Mr      Mrs      Miss      Ms  
Other      (please state):

Surname:

Forenames:

Role in company:

Home Address:

Post Code:

Home Telephone Number:

Personal Mobile Number:

Date of Birth:

Place of Birth (e.g. Town & Country e.g. Bath, UK):

National Insurance No:

Place of Birth (e.g. Town & Country e.g. Bath, UK):

National Insurance No:

### SECTION 8. ENVIRONMENT AGENCY ISSUED PERMITS/REGISTRATIONS/EXEMPTIONS

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

Type:  Identifying number:

Date of issue:  Expiry date:

Type:  Identifying number:

Date of issue:  Expiry date:

Type:  Identifying number:

Date of issue:  Expiry date:

Are you registered as a Waste Carrier with the Environment Agency? (Please tick) Yes  No

If 'yes' please provide your carrier's registration number and issue date:

### SECTION 9. LOCAL AUTHORITY LICENCES AND REFUSED LICENCES

Please provide details of any scrap metal dealers' licence(s) issued to the applicant by any Local Authority, other than the Licensing Authority applied for, within the last three years

Licence Type:

Issuing Local Authority:

Licence Number:

Expiry Date:

Licence Type:

Issuing Local Authority:

Licence Number:

Expiry Date:

Has the applicant ever had an application for a scrap metal dealers' licence(s) refused:

Yes      No

If yes, please provide the following information:

Name of refusing Local Authority:

Date of Refusal:

Reason for refusal:

#### **SECTION 10. DATA PROTECTION - INFORMATION COMMISSIONER'S OFFICERS REGISTRATION (ICO)**

Is the applicant registered with the Information Commissioner's Office? Yes      No

If yes, please provide the following information:

Registration number:

Registration Date:

#### **SECTION 11. HMRC**

If you are applying for a new licence, you will not need to complete the tax check. However, the Licensing Partnership will ask you to read HMRC guidance on what you need to do to be properly registered for tax in the future and you'll need to confirm in writing that you have done this.

Please confirm that you have read the HMRC guidance

If you need any extra support from HMRC for example, if you need information in a different format or need help filling in the tax forms please visit the [GOV.UK website](https://www.gov.uk).

**SECTION 12. VEHICLE REGISTRATION DETAILS** (Required for all vehicles used in connection with the business – please use a separate sheet if necessary)

**First vehicle**

Registration Number:

Make:

Model:

Colour:

Tax Class:

Insurance company:

Insurance Policy Number:

**Second vehicle**

Registration Number:

Make:

Model:

Colour:

Tax Class:

Insurance Company:

Insurance Policy Number:

**A photocopy of your vehicle registration documents (V5 logbook) and Insurance Certificate is required to be submitted with your application.**

**SECTION 13. CRIMINAL CONVICTIONS**

Have you, any person named in the application ever been convicted of a relevant offence or been the subject of any relevant enforcement action?

Yes      No

If yes, please provide the name of each person convicted, the offence for which they were convicted, the date of the conviction, the sentence imposed and the name and location of the convicting court.

The term 'any person' applies to the individual named in the application; or in respect an application made by a Partnership, each Partner; or in respect of an application made by a Company, the Company Secretary and each Director, together with the Company Secretary and Directors of any shadow companies named in the application. It also includes any individual named in the application as a 'Site Manager'. (Please see end of the form for a list of relevant offences).

**SECTION 14. RIGHT TO WORK IN THE UK (Non-UK, EU, EEA and Swiss citizens only)**

The applicant and any person named in the application as site manager(s) must be legally entitled to work in the UK. Given this, it is suggested that the applicant's read the Government's guidance on "how to carry out right to work check's and what documents you can accept, both of are on the website GOV.UK (<https://www.gov.uk/legal-right-work-uk>)

Are all persons named in the application entitled to work in the UK? Yes      No

You may be asked to provide a copy of any documentation (e.g. a permit, visa, residence document, official document from a UK government agency showing a national insurance number, or registration certificate, etc.) that show your right, or that of your employees, to work in the UK. The same applies in respect of any person named in the application as the 'Site Manager'.

**SECTION 15. CONTACT PERSON**

Please note, any communication in respect of the application will be made to an individual applicant at their home address; or in respect of an application made by a Partnership, to the person named in the application as Partner One at their home address; or in respect of an application made by a Company, to the Company Secretary or first named Director at the Company's registered office address.

Do you wish us to communicate with someone else? Yes      No

If yes, please specify below the name, address, daytime telephone number, email, and relationship to the applicant, of the nominated contact.

Surname:

Forenames:

Home Address:

Post Code:

Home Telephone Number:

Personal Mobile Number:

Relationship:

## SECTION 16. PAYMENT

How do you wish to make payment for your scrap metal dealer's licence? (Please tick)

Payment by card – please telephone 01732 227004

Cheque (please make payable to Sevenoaks District Council)

## SECTION 17. REQUIRED DOCUMENTATION

The following documentation set out below **must** accompany this application. Failure to provide the documents will mean that your application is invalid and will not be processed.

A plan of the site (scale 1:50 or 1:100) - Note - **Not required for a renewal application**

One quality photo, taken within the last month of **all** site manager(s)

Photographic proof of identity (passport or driving licence), together with proof of address for all site manager(s)

The correct fee

Basic disclosure certificate for **all** persons named in the application. **Only valid for one month**

Copies of each log book (V5) for each vehicle mentioned in the application

Copies of insurance for each vehicle mentioned in the application

## SECTION 18. DECLARATION

If the application is made by:

- an individual, then they must sign the declaration;
- a Partnership, each Partner must sign the declaration;
- a Company, the Company Secretary (if it has one) or a Director of the Company

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.

We will collect and use your personal data to process your application for a licence. If you would like to see a copy of our Privacy Notice, please go to the relevant Licensing Authorities website or alternatively contact the Licensing Partnership hub team on 01732 227004.

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.

I confirm receipt of the guidance notes issued by the Licensing Partnership which explains that a licensed scrap metal dealer:

- Must not receive scrap metal from a person without first verifying the person's full name and address;
- Must not pay for scrap metal with cash; and
- Must keep records of their dealings.

Having regard to the above mentioned guidance notes, I confirm that should the application be granted there will be in place adequate procedures to ensure that the provisions of the Scrap Metal Act 2013 are complied with, and in particular:

- Section 11 - Verification of supplier's identity
- Section 12 - Offence of buying scrap metal for cash etc.
- Section 13 - Records: Receipt of metal
- Section 14 - Records: disposal of metal
- Section 15 - Records: supplementary

Local Authorities must protect funds it handles and so the information you have provided on this form may be used to detect and prevent fraud. The information may also be shared for the same purposes, with other organisations which handle public funds including data to be used as part of the National Fraud Initiative. Your personal data will also be shared with the local authorities, which make up the Licensing Partnership, for the purpose of processing your licensing application. Your personal data will not be used for any other purpose without your prior consent, except as permitted under the Data Protection Act 1988. For further information, please see <https://www.gov.uk/government/collections/national-fraud-initiative>

Please tick this box  to confirm that you have read and understood the policy for the authority to which you are making the application and that you agree to comply with the conditions set out within it.

I declare that all the answers given above are true. I understand that it is an offence under Section 57(3) of the Local Government (Miscellaneous Provisions) Act 1976 for any person to knowingly or recklessly make a false statement or omit any material particular in giving the required information.

Signature:

Print name:  Date:

Signature:

Print name:  Date:

Signature:

Print name:  Date:

Signature:

Print name:  Date:

Signature:

Print name:  Date: