

Application for a Scrap Metal Licence

NB: For help filling in this form, please see the Guidance Notes attached

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 to	Are you applying as (please tick):			
An individual A company A partnership				
Please state your trading nam	ne:			
Is this application for a grant of	of a new licence or a renewal (please tick	the relevant box):		
Grant of a new licence Renewal of an existing licence A variation				
If 'yes' please provide your ex				
SECTION 2. Permits, registration	ions and licences in force			
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	t 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.		
Details of prospective licence holder		
Title (please tick):	I am 18 years old or over. Please tick	
Mr Mrs Miss Ms Other	Yes No	
(please state):	Date of Birth:	
Surname:	Forenames:	
Please also state your maiden name or any other by:	er surnames you have previously been known	
Position/Role in the business:		
I attach a Basic Disclosure Certificate issued for	the applicant	
Yes No No		
https://www.gov.uk/request-copy-criminal-record		
(further information about Basic Disclosure Certificates are set out in the explanatory notes accompanying this form)		
Contact details (we will use your business address to correspond with you unless you indicate we should use your home address)		
Business Address:	Telephone numbers:	
Head office name or house name or number:	Daytime:	
	Evening:	
First line of address:	Mobile:	
Town/City:		
Postcode:		
Home address:	Email address (if you would prefer us to correspond with you by email):	
House name or number:		
First line of address:		
Town/City:		
Postcode:		
☐ Please use my home address for correspondence	Please note that you must still provide us with a postal address	

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]		
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)	
Site 1	Name: (please also state any other surnames you have previously been known by)	
House name or number:	House name or number	
First line of address:	(Please provide the site manager's home address as this will facilitate conducting checks on whether they are a suitable person.)	
Town/City:		
Postcode:	First line of address:	
	Town/City:	
Telephone number:	Postcode:	
Email address:	Date of Birth:	
Linaii addicss.	Basic Disclosure certificate attached:	
Website address:	Yes No No	
	(NB: If you do not provide a disclosure certificate issued for named persons by Disclosure Scotland issued no more than three months before the date of this application your application may be delayed or rejected).	
Site 1	Name:	
House name or number:	House name or number:	
First line of address:	First line of address:	
Town/City:	Town/City:	
Postcode:	Postcode:	
Telephone number:	Date of Birth:	
Email address:	Basic Disclosure certificate attached:	
Website address:	Yes No	

Partnerships (If you are applying as a partnersh		
respect of each partner – where there are more	than two partners then please use a	
continuation sheet) Full name: (please also state any other surnames you Full name:		
have previously been known by)		
D (11:11	Date of birth:	
Date of birth:	Date of birth.	
Residential address:	Residential address:	
Pagis Displaces a sufficient a strocked.	Basis Disaloguya saytificata attachad	
Basic Disclosure certificate attached: Yes ☐ No ☐	Basic Disclosure certificate attached: Yes □ No □	
NB: If you do not provide a disclosure certificate issued for than three months before the date of this application you	· · · · · · · · · · · · · · · · · · ·	
Companies (If you are applying as a company p		
the company)	'	
Company name:		
Registration number:		
regionation nambor.		
Address of the registered office:		
Please provide the following details for each dire	· · · · · · · · · · · · · · · · · · ·	
secretary where these are different from the app please use a continuation sheet.	licant and site manager(s) – where necessary	
Role:	Role:	
Name	Name	
Name:	Name:	
Date of Birth:	Date of Birth:	
House name or number:	House name or number:	
First line of address:	First line of address:	
Town/City:	Town/City:	
Postcode:	Postcode:	
Basic Disclosure certificate attached: Yes ☐ No ☐	Basic Disclosure certificate attached: Yes ☐ No ☐	
Please provide details of any site in the area of any other local authority at which the applicant carriers on business as a scrap metal dealer or proposes to do so:		
Address:		
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 of paper if necessary				
Only applicable to sites established after 1 Nove	mber 1990			
Do you have planning permission (please tick)				
Yes No No				
OFOTION 4 TO BE COMPLETED IF ADDITION OF				
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.				
Details of prospective licence holder				
Title (please tick):	I am 18 years old or over. Please tick			
Mr Mrs Miss Ms Other	Yes□ No □			
(please state):	Date of Birth:			
Surname:	Forenames:			
I attach a Basic Disclosure Certificate				
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:	Telephone numbers:			
House name or number:	Daytime:			
	Evening:			
First line of address:	Mobile:			
Town/City:				
Postcode:				

Home address:	Email address (if you would prefer us to correspond	
House name or number:	with you by email):	
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First line of address:		
	NB: Please note that you must still provide us with a	
Town/City:	postal address	
Postcode:		
Posicode.		
Please use my home address for correspondence		
SECTION 5. Motor Salvage (For all applicants)		
Will your business consist of acting as a motor salvage	ge 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. 		
Yes ☐ No ☐ (please tick)		
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)		
Account name:	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 me	etal dealer's licence? (please tick)	
Debit/Credit Card ☐ (payment will be taken over the	ne phone following receipt of application)	
Cheque (please make payable to Kirklees Council)		
Postal Order (please make payable to Kirklees 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 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:		

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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:
Print Name:	Position in Business:
Signed:	Date:
Print Name:	Position in Business:
Signed:	Date:
Print Name:	Position in Business:
Signed:	Date:
Print Name:	Position in Business:

Personal Data

We have recently updated our Privacy Notice about how we use personal data provided to the Council. Further information can be found at:

http://www.kirklees.gov.uk/beta/information-and-data/pdf/privacy-notice-other-licenses.pdf