Scrap Metal Dealers Act 2013

Application for a Scrap Metal Dealer's Licence

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 I: Licence details			
What type of licence do you wish to apply for? (<i>tick one</i>)	 Site Licence Collector's Licence 		
What type of application do you wish to make? <i>(tick one)</i>	 Grant of a new Licence Renewal of an existing Licence Variation of an existing Licence (change of licence type) Variation of an existing Licence (change of licensed sites) Variation of an existing Licence (change of site managers) 		
Current licence number: (leave blank if you are making a new application)	LN/	Expiry date of current licence:	
If you are applying to vary an existing proposed amendments to take effect		ı wish the	

Section 2: Business details				
Please give the trading name(s) by which your business is/will be known <i>(if any)</i>				
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 			

Section 3: Site details Do not complete if you are applying for a Collector's licence						
	operate under this licence if your application is granted?					
I have completed Annex A with d	letails of all the sites where it is proposed to carry on business as a					
scrap metal dealer under this lice	nce, 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?						
If so, please describe the						
arrangements for how these						
vehicles will operate:						

Section 4: Collector's det	ails Do not complete if you are applying for a Site licence
How many vehicles do you inter	d to operate under this licence if your application is granted?
Where will the vehicle(s) be kept when not in use?	

Section 5: Other licences, permits and registrations				
Do you currently hold a scrap metal site licence issued by West Oxfordshire 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 West Oxfordshire 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 6: Purchase arrangements

Please describe your arrangements for keeping records of scrap metal transactions, in accordance with the relevant statutory requirements:

Please describe your arrangements for verifying the identity of a person wishing to supply scrap metal to you, in accordance with the relevant statutory requirements:

How do you intend to ensure the security of the scrap metal you have purchased or collected in the course of your business, including the prevention of unlawful sales, purchases or theft of scrap metal?

Section 7: Applicant's details						
		🗌 An individual	Please give details in Part A			
This application is made by: (tick		🗌 A partnership	Please give	details in Parts A & B		
one)		A limited company	Please give	details in Part C		
Part A: Individua	l applicant	/First partner	🗆 Mr 🗆 Mrs 🗆 M	1s □ Other		
Full name:	••	•				
Home address:						
Date of birth:	/					
Daytime phone			Mobile phone			
number:			number:			
Email address:						
Part B: Second p	artner		🗆 Mr 🗆 Mrs 🗆 M	1s 🗌 Other		
Full name:						
Home address:						
Date of birth:	//					
Daytime phone			Mobile phone			
number:			number:			
Email address:						
lf there a	are more thar	two partners please give the	details of further partn	ers on a separate sheet.		
Part C: Limited	Company a	pplicant Please al	so complete Anne	x B with Director's details		
Registered name:						
Registered office						
address:						
Company registration	<u>ו</u>			UK: Companies House		
number:						
Daytime phone numb	per:					
Email address:						

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'? 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	🗋 Yes 🔲 No			
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 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:	
Sort code and account number:	

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

 \Box I enclose a cheque for £...., payable to West Oxfordshire District Council

□ I wish to pay the application fee(s) by credit or debit card (call 01993 861000 to make payment)

Se	ection II: Declaration and signatures	Every applicant must sign the form
•	The information contained in this form is true and accurate to the best of my I make a material statement knowing it to be false, or if I recklessly make a ma committing an offence under the Act, for which I may be prosecuted, and if co	terial statement which is false, I will be
•	I understand that the Council may consult other agencies about my suitability and that those other agencies may include other local authorities, the Environ national police forces.	•
•	I understand that data within this application may be shared with other agencie suitability to be licensed as a scrap metal dealer. I also understand that the sha extend to sensitive personal data, such as data about any previous criminal offe	ring of information about me may

Print name:		Date:	
i i ilite i laitte.		Ducc.	
Print name		Date	
r mite marrie.		Date.	
	Print name: Print name:		

on a national register, as required by the Scrap Metal Dealers Act 2013. I hereby expressly consent to the processing

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

This application will not be considered unless accompanied by the following

of my data and display of relevant information on the public register.

- Basic disclosure certificates for the applicant, partners, company directors and site managers (must be less than 3 months old at date of application)
- The appropriate fee(s)
- Tax Check Code (<u>https://www.gov.uk/guidance/changes-for-taxi-private-hire-or-scrap-metal-licence-applications-from-april-2022</u>)

Your completed application form, fee and supporting documentation should be returned to:

Licensing West Oxfordshire District Council Elmfield New Yatt Road Witney Oxon OX28 IPB

Data Protection Statement

We will only use your personal information gathered for the specific purposes of your application. We will not give information about you to anyone else or use information about you for any other purpose, unless the law allows us to. Further privacy information can be found on our website.

For further information please visit our website <u>www.westoxon.gov.uk</u>

Office use only:

Date received:	Fee received:	🗌 Cheque 🔲 Card
Receipt number:		
App complete:	Licence approved:	
Licence valid from:	Licence expires:	

	Annex A – details of scrap metal sites Site details						
		Site deta	IIS			Site manager details	
Site	Postal Address	Opening Hours	Phone number	Email address	Full name	Home address	Date of birth
T							
2							
3							
4							

Annex B - Details of limited company directors

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

Director I		□ Mr □ Mrs □ Ms □ Other		
Full name:				
Home address:				
Date of birth		Daytime phone number:		

Director 2	Mr Mrs Ms Other		
Full name:			
Home address:			
Date of birth:	 Daytime phone number:		

Director 3		□ Mr □ Mrs □ Ms □ Other		
Full name:				
Home address:				
Date of birth:		Daytime phone number:		

Director 4		□ Mr □ Mrs □ Ms □ Other	
Full name:			
Home address:			
Date of birth:		Daytime phone number:	

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