

## APPLICATION FOR THE GRANT OF A SCRAP METAL DEALERS LICENCE

- Please familiarise yourself with our terms and conditions before completing this application
- It is an offence to give false information all questions must be answered.
- An application will not be deemed valid unless the Licensing Authority receives the following documents in addition to a completed and signed application form, and the relevant fee:
  - 1. Basic criminal record certificate\* (no more than 3 months old at the point of application for all applicants, and site managers named on the application form)
  - 2. Photographic identification for all persons stated on the application
  - 3. Proof of Environment Agency or Council Permits (if held)
  - 4. A 9-digit tax code (see www.eastcambs.gov.uk for more information)
  - \* Available from www.disclosurescotland.co.uk
- If you have more than two individuals, please continue on a separate sheet of paper, but please ensure that you include answers to items 1 to 9b for each additional person.
- If you have more than two sites you wish to licence please continue on a separate sheet of paper, but please ensure that you include the same information requested in items 35 and 36

## **METHOD OF COMMUNICATION**

- The Council's primary method of communication is by email.
- The Council may also communicate with you via text message to your mobile phone. As the Council is not a telecommunications company it will be necessary to use the services of a 3<sup>rd</sup> party such as BT or Virgin to provide this facility. Where text messaging is used the Council will observe the principles of General Data Protection Regulations (GDPR) and the Data Protection Act 2018.
- By signing this application form you are agreeing to permit the Council to contact you using email, phone, text, and traditional paper based communication.

LICENCE TYPE				
Please indicate the type of licence you wish to apply for (please note, you may only hold one type of licence with the Council at any one time):				
Site Licence - New (£732.00)	□ Collector Licence - New (£560.00) □			
Site Licence - Renewal (£600.00)	☐ Collector Licence - Renewal (£450.00) ☐			
APPLICANT TYPE				
Please state whether you are applying for a Scrap Metal Dealer's licence as:				
Sole trader	☐ (complete sections 1 to 8, and 24 onwards)			
Partnership	☐ (complete sections 1 to 16, and 24 onwards)			
Limited Liability Partnership (LLP)	P)			
Limited Company	☐ (complete sections 17 onwards)			

MOTOR \$	SALVAGE		
Will your business consist of acting as a motor salvage operator? This is defined as a business that:			
<ul> <li>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;</li> <li>Wholly or mainly involves buying written-off vehicles and then repairing and selling them off; and</li> <li>Wholly or mainly buys or sells motor vehicles for the purpose of salvaging parts from them or repairing them and selling them off.</li> </ul>			
Yes □ No □			
1st APPLICA	NT DETAILS		
1. Surname:	2. Forename(s)		
3. Current registered address:			
Destar des			
Postcode:	I		
4. Date of birth:	5. Telephone:		
6. Mobile:	7. Email:		
8(a). Are you permitted to work in the UK?: Yes 8(b). Are there any restrictions?: Yes  No	☐ No ☐ ☐ (If yes, please detail them below)		
2 <sup>nd</sup> APPLICA	NT DETAILS		
9. Surname:	10. Forename(s)		
11. Current registered address:			
Postcode:			
12. Date of birth:	13. Telephone:		
14. Mobile:	15. Email:		
16(a). Are you permitted to work in the UK?: Yes	□ No □		
16(a). Are you permitted to work in the UK?: Yes $\square$ No $\square$ (If yes, please detail them below)			
LIMITED COMPANY OR LIMITED LIABILITY PARTNERSHIP DETAILS			
17. Ltd Company/LLP name:			
18. Current registered address of Ltd Company/LLP:			
Postcode:			

19. Ltd Company/LLP registration number:

20. Mobile:	21. Telephone:			
22. Email:				
23. Director/ Partner/Company Secretary names:  (please indicate all persons registered with Companies House, in the order you would like us to contact you)				
Name: Address:				
	CHECK			
24. All persons named on this application form (exc	cept site managers) will need to complete a tax			
check if they:				
<ul> <li>are renewing a scrap metal dealers licence, and/or</li> <li>have held a scrap metal dealer licence previously, which ceased being valid less than a year ago, and/or</li> </ul>				
<ul> <li>already hold a scrap metal dealer licence with another licensing authority</li> <li>Where the applicant is a Limited Company or Limited Liability Partnership, a representative of the company will need to provide a corporation tax check code. In such cases only one check code needs to be provided. To carry out a tax check, visit the scrap metal dealers page at <a href="www.eastcambs.gov.uk">www.eastcambs.gov.uk</a> and click on the link, or enter "scrap metal dealer tax check" into any internet search engine.</li> </ul>				
Name:				
Check code:				
Name:				
Check code:				
Name:				
Check code:				
Name:				
Check code:				
<ul> <li>25. If the above statements <u>do not</u> apply to any person named on this application, they must read the following statement and tick the box.</li> <li>I hereby declare that the above points do not apply to me, and I further declare that I am aware of my need to register for tax purposes, and I will do so upon grant of any licence issued to me as a result of</li> </ul>				
submitting this application form.				
Name: Tick here to confirm your acceptance of the above statement: □				
Name: Tick here to confirm your acceptance of the above statement: □				
Name: Tick here to confirm your acceptance of the above statement: □				
Name: Tick here to confirm your acceptance of the above statement: □				

PERMITS, REGISTRATIONS and LICENCES					
	vide details of any releva applicant(s) including was		nit, exemption or registration in		
Telation to the a	applicant(s) including was	ste carrier permits.			
Type:	Identifying nu	ımber:	Date of issue:		
Type:	Identifying nu	ımber:	Date of issue:		
Continue on a	separate sheet if necess	ary			
28. Please pro	vide details, including lice	ence number, of any o	ther scrap metal licence, or		
	operator licences issued ease use a continuation		e applicant(s) within the		
last 5 years (pr	ease use a continuation	sileet ii flecessary).			
Type:	Identifying number:	Date of issue:	Issuing Council:		
Type:	Identifying number:	Date of issue:	Issuing Council		
Continue on a	separate sheet if necess	arv			
		,			
	BANI	K ACCOUNT DE	TAILS		
-		* *	at will be used to make payment		
	·		crap Metal Dealers Act 2013		
29. Account nar	ne:	30. Accou	nt name:		
Sort codo:		Sort code:	Sort ando:		
Sort code:		Soft code.	Soft code.		
Account number:		Account n	Account number:		
31. Account name:		32 Accou	32. Account name:		
or. Account nai	110.	02. 7.000d	nt name.		
Sort code:		Sort code:	Sort code:		
Account number:		Account n	Account number:		
CORRESPONDENCE ADDRESS					
33. Please state where you wish your correspondence to be sent:					
Email:					

TRADING NAME

26. Please state your trading name:

	PENDING PROSECUTIONS				
34. Have any of the applicants or site managers listed have any foreign or domestic prosecutions pending against them?: Yes \( \square \) No \( \square \) (If yes, please give details and continue on a separate sheet if needed)					
Name of Applicant	Date of Court hearing	Offence	Court		
	J				
CDIMINIA	AL CONVICTIONS O	PALITIONS and/or V	VADAUNCE		
CRIMINA	AL CONVICTIONS, C	AUTIONS, and/or v	VARNING5		
35. Have any of the applicants or site managers been convicted of any foreign or domestic offences, or received any Police cautions, or warnings?: Yes □ No □ (If yes, please give details and continue on a separate sheet if needed)  NB: Please note convictions considered "spent" under the Rehabilitations of Offenders Act 1974 do not					
need to be declared Name of Applicant	Offence	Date of Conviction	Sentence		
Name of Applicant	Official	Date of Conviction	Comerine		
	RELEVANT ENFO	RCEMENT ACTION			
36. Have any of the applicants detailed been the subject of previous enforcement action relevant to scrap metal dealing: Yes □ No □ (If yes, please give details and continue on a separate sheet if needed)					
SITE LICENCE APPLICANTS ONLY TO COMPLETE  Please list the details for each site where you propose to carry on business as a scrap metal dealer in the East Cambridgeshire District Council area.					
37. Full address:		38. Full name of site man	nager:		
Postcode:		Previous names(if applicable):			
Phone number:		Full address:			
Email:					
Website address:		Postcode:			
		Date of birth:			

39. Full address:	40. Full name of site manager:				
Postcode:	Previous names(if applicable):				
Phone number:	Full address:				
	i un address.				
Email:					
Website address:	Postcode:				
	Date of birth:				
	n you are required to have planning permission from se, and it will be checked with the council planning				
department. (New applications only) Yes	No □				
COLLECTOR LICENCE AP	PLICANTS ONLY TO COMPLETE				
41. Where will scrap metal that has been purch					
Address:					
Address.					
Postcode:					
Will not be stored □					
STIPPORTING DO	OCUMENTS CHECKLIST				
Basic DBS (criminal records) certificate	Enclosed:   To follow:				
2. Photo ID	Enclosed:				
Proof of Environment Agency Permits	Enclosed:				
GDPR AND THE DATA PROTECTION ACT 2018					
In line with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018, East					
Cambridgeshire District Council is fully committed to protect the privacy of our constituents, staff and					
members. We ensure the safe processing of personal data through strict guidelines for collection, storage and retention of information. Where appropriate, data sharing protocols are entered into and					
robust security measures are in place. The council maintains its Public Services Network (PSN)					
compliance, demonstrating its on-going commitment to supporting best practice in the maintenance and handling of data.					
For further information contact: The Data Protection Officer, The Grange, Nutholt Lane, Ely, Cambs.,					
CB7 4EE (email: dataprotection@eastcambs.gov.uk)					
The Licensing Authority maintains a data retention and sharing policy in accordance with GDPR rules,					

## **DECLARATION**

which explains how your information could be used by the Licensing Authority. Further details are

available on the Council's website www.eastcambs.gov.uk.

## Fraud Act 2006

I hereby declare that I fully understand, have read and checked the details and questions on this application form and the foregoing statements are true. I understand that it is a criminal offence if I or anyone else gives false information, or makes a false representation, or fails to disclose information in order to obtain a scrap metal dealers licence. I am fully aware that the provision of a false statement, or information in order to obtain a licence is an offence under the above Act which may result in the refusal of this licence application and any subsequent licence applications for a period of one to three

years. I am also aware that any licence granted as a result of breaching the above Act will be immediately revoked, and that a refusal or revocation decision is not reliant on a formal conviction under the above Act being secured.

I understand that the Licensing Authority may consult other agencies about the suitability of any person named on the application 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 the applicant's suitability to be licensed as a scrap metal dealer. I also understand that the sharing of information 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.

Signed by or on behalf of the applicant¹

Signed (by the applicant): Date: Date: Capacity: Signed (by the applicant): Date: Capacity: Date: Date