



Scrap Metal Dealers Act 2013

Application to vary a Scrap Metal Dealer's Licence

SECTION 1. (for all applicants)

Existing licence number:

Type of variation: (please tick)

- Vary a collectors licence to a site licence
- Vary a site licence to a collectors licence
- Change of name or address of the licensee
- Add a site on your licence
- Remove a site on your licence
- Change details of a site(s) on your licence
- Change a site manager

SECTION 2. APPLICANTS DETAILS (current details)

Name:

Address:

City:

Post Code:

Telephone No:

Email:

SECTION 3. VARY A COLLECTORS LICENCE TO 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.

Site details.

Please list the details for each site where you to 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
<p>Site 1</p> Name or number: First line of address: Town/City: Postcode: Telephone number: Email address: Website address:	Name: House name or number: First line of address: Town/City: Postcode: Date of Birth: Basic Disclosure certificate attached: Yes <input type="checkbox"/> No <input type="checkbox"/> ¹
<p>Site 2</p> Name or number: First line of address: Town/City: Postcode: Telephone number: Email address: Website address:	Name: House name or number: First line of address: Town/City: Postcode: Date of Birth: Basic Disclosure certificate attached: Yes <input type="checkbox"/> No <input type="checkbox"/>

¹If you do not provide a disclosure certificate issued for named persons by the Disclosure & Barring Service issued no more than 3 months before the date of this application your application may be delayed or rejected.

Please provide details of any site in the area of any other local authority at which the applicant carries on business as a scrap metal dealer or proposes to do so:

Address:

Postcode:

Please name the local authority which has licensed this site, or to whom applications have been made:
Please continue on a separate sheet if necessary.

Only applicable to sites established after 1 November 1990

Do you have planning permission (please tick)

Yes

No

SECTION 4. VARY A SITE LICENCE TO A COLLECTORS LICENCE

N.B – A collector’s licence authorises the licensee to carry out business as a mobile collector in the authority’s area only

Contact details (we will use your business address to correspond with you unless you indicate we should use your home address).

Business Address:

House name or number:

First line of address:

Town/City:

Postcode:

Telephone numbers:

Daytime:

Evening:

Mobile:

Email:

Home address:

House name or number:

First line of address:

Town/City:

Postcode:

Email address (if you prefer us to correspond with you by email):

(Please note that you must still provide us with a postal address)

Vehicle details:

If you have more than 4 vehicles, please provide details for each vehicle on a continuation sheet.

How many vehicles will be used in your business as a collector?

Vehicle 1:

Vehicle Registration No:

MOT expiry date:

Insurance expiry date:

Vehicle 2:

Vehicle Registration No:

MOT expiry date:

Insurance expiry date:

Vehicle 3:

Vehicle Registration No:

MOT expiry date:

Insurance expiry date:

Vehicle 4:

Vehicle Registration No:

MOT expiry date:

Insurance expiry date:

Driver Details:

Full Name	Date of Birth	Residential Address	Relevant Convictions

Where will scrap metal that has been purchased be stored before further disposal?

House name or number:

First line of address:

Town/City:

Postcode:

SECTION 5. MOTOR SALVAGE

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 vehicle 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;
- Wholly or mainly buys or sells motor vehicles for the purpose of salvaging parts from them or repairing them and selling the off.

(please tick)

Yes No

SECTION 6. CHANGE OF NAME/ADDRESS OF LICENCE HOLDER

Current Name:

New Name:

Current Address:

New Address:

Contact Tel No:

Email Address:

SECTION 7. ADD A SITE(S)

Site Details.

Please list details for each new site. If you wish to add more than two sites in the area please provide details for each site on a continuation sheet.

(N.B – Provision should be made for more than one site manager)

Full address of each additional site you intend to carry out business as a scrap metal dealer	Site manager(s) details
<p>Site 1</p> <p>Name or number:</p> <p>First line of address:</p> <p>Town/City:</p> <p>Postcode:</p> <p>Telephone number:</p> <p>Email address:</p> <p>Website address:</p>	<p>Name:</p> <p>House name or number:</p> <p>First line of address:</p> <p>Town/City:</p> <p>Postcode:</p> <p>Date of Birth:</p> <p>Basic Disclosure certificate attached:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> ¹</p>
<p>Site 2</p> <p>Name or number:</p> <p>First line of address:</p> <p>Town/City:</p> <p>Postcode:</p> <p>Telephone number:</p> <p>Email address:</p> <p>Website address:</p>	<p>Name:</p> <p>House name or number:</p> <p>First line of address:</p> <p>Town/City:</p> <p>Postcode:</p> <p>Date of Birth:</p> <p>Basic Disclosure certificate attached:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

¹If you do not provide a disclosure certificate issued for named persons by the Disclosure & Barring Service issued no more than 3 months before the date of this application your application may be delayed or rejected.

SECTION 8. REMOVE A SITE(S)**Site details.**

Please list the details for each site which you wish to remove. If you wish to remove more than two sites in the area please provide details for each site on a continuation sheet.

Site 1

Name or number:

First line of address:

Town/City:

Postcode:

Telephone number:

Current Site Manager:

Site 2

Name or number:

First line of address:

Town/City:

Postcode:

Telephone number:

Current Site Manager:

SECTION 9. CHANGE OTHER DETAILS OF A SITE(S) ON YOUR LICENCE**OLD DETAILS****NEW DETAILS****Site 1****Site 2**

SECTION 10. CHANGE OF SITE MANAGER

Site 1 - Name and Address

Current Site Manager Name:

New site Manager details:

Name:

House name or number:

First line of address:

Town/City:

Postcode:

Date of Birth:

Basic Disclosure certificate attached:

Yes No ¹

Site 2 - Name and Address

Current Site Manager Name:

New site Manager details:

Name:

House name or number:

First line of address:

Town/City:

Postcode:

Date of Birth:

Basic Disclosure certificate attached:

Yes No ¹

¹If you do not provide a disclosure certificate issued for named persons by the Disclosure & Barring Service issued no more than 3 months before the date of this application your application may be delayed or rejected.

SECTION 11. CRIMINAL CONVICTIONS (For all applicants)

Have you, any listed partners, any listed directors or any site manager(s) in this application ever been convicted of a relevant offence or been the subject of any relevant enforcement action? (Please see list of relevant offences).

Yes 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:

Details of conviction	Name & location of court	Offence	Sentence imposed

SECTION 12. CHECKLIST & DECLARATION (For all applicants)

Have you enclosed the following	(tick)
Appropriate Fee	
Basic Disclosure (DBS) less than 1 month old where applicable	
Supporting documentation for a change of name/address	
Original scrap metal dealers licence	

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 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:

Gloucester city Council provides Licensing Services to you. We will use your personal information to provide those services to you and may need to share your information with Statutory Bodies to enable us to do this. For further information about how the Council uses information it holds about you please go to <https://www.buckinghamshire.gov.uk/your-council/privacy/privacy-policy/>

Signed: _____ Date: _____
 Signed: _____ Date: _____
 Signed: _____ Date: _____