

**APPLICATION FOR GRANT / RENEWAL* OF REGISTRATION
AS A SCRAP METAL DEALER**
(delete as appropriate)*

Before completing this form please read the guidance notes at the end of the form.
If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

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

I/We _____

(Insert name/s of applicant/s – please read guidance note 1)

apply for Registration as a Scrap Metal Dealer for the premises described in Part 1 below (the premises) in accordance with sections 1(3) of the Scrap Metal Dealers Act 1964

Part 1 - Premises Details (please read guidance note 2)

Postal address (including post code) and telephone number of each premises to be used as a Scrap Metal Store

If no place is intended to be occupied as a Scrap Metal Store, the address of any place/s intended to be occupied wholly or partly for the business of a Scrap Metal Dealer

Part 2 - Applicant Details

Please state whether you are applying for a registration as

Please tick yes

- | | | |
|---|--------------------------|---------------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A & C) |
| b) a person other than an individual * | | |
| i. as a limited company | <input type="checkbox"/> | please complete all sections |
| ii. as a partnership | <input type="checkbox"/> | please complete all sections |
| iii. as an unincorporated association or | <input type="checkbox"/> | please complete all sections |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> | please complete all sections |

(A) APPLICANT DETAILS (please read guidance note 3)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Surname			First names		
Date of birth					
Current postal address including post code					
Telephone number (if any)					
E-mail address (optional)					

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Surname			First names		
Date of birth					
Current postal address including post code					
Telephone number (if any)					
E-mail address (optional)					

(Continue on separate page if necessary)

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number.

Name	
Address including post code	
Registered number	
Description of applicant (e.g. partnership, company, etc.)	
Telephone number (if any)	
E-mail address (optional)	

Part 3 - Declaration

I/We:

Please tick yes

- Enclose evidence of identity containing a photograph in respect of each individual applicant / partner / director, as applicable
- Understand that if the above requirements have not been complied with my application will be rejected

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE NOT EXCEEDING LEVEL 3 ON THE STANDARD SCALE, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

(C) SIGNATURES (please read guidance note 4)

Signature of applicant/s or applicant/s' solicitor or other duly authorised agent. If signing on behalf of the applicant please state in what capacity.

Signature/s	
Date	
Capacity	

(D) CONTACT DETAILS (please read guidance note 5)

Contact name	
Contact postal address including post code	
Telephone number (if any)	
E-mail address (optional)	

Notes for Guidance

1. Insert the name/s of individual applicant/s or partners the trading name under which the business operates.
2. Include every premises within Rochford District to be used as a Scrap Metal Store or that are wholly or partly to be used for the purposes of carrying on the business of a Scrap Metal Dealer.
3. The full name, date of birth and home address of each individual applicant/partner/director must be supplied together with photographic evidence of identity, e.g. a certified copy of passport or driving licence.
4. The application form must be signed. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so. Where there is more than one applicant, all applicants or their respective agents must sign the application form.
5. This is the address that we shall use to correspond with you about this application.