

# Application Form for Grant or Renewal of Metal and/or Itinerant Metal Dealer's Licence

Before completing this form please read the guidance provided.  
If you are completing this form by hand please write legibly in block capitals.

## SECTION 1: NATURE OF APPLICANT AND TYPE OF LICENCE

### 1.1 Specify the nature of the application:

	<i>Please Tick One Box Only</i>
Application by an Individual <b>Complete Section 2 and all other questions. Do not complete section 3.</b>	<input type="checkbox"/>
Application by a Business or Organisation (including a Sole Trader) <b>Complete Section 3 and all other questions. Do not complete section 2.</b>	<input type="checkbox"/>

### 1.2 Specify the type of licence you are applying for:

	<i>Please Tick One Box Only</i>	
Application for	Metal Dealer	<input type="checkbox"/>
	Itinerant Metal Dealer	<input type="checkbox"/>
	Both	<input type="checkbox"/>
Grant	<input type="checkbox"/>	
Renewal (for 1 year)	<input type="checkbox"/>	
If renewal, state expiry date of current licence		
Temporary	<input type="checkbox"/>	
If a temporary licence is applied for, give dates and times on which licence is to be provided (Please note a temporary licence should not exceed 6 weeks)		
Have you had an application for a similar licence refused in the last year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever applied for and been refused a Metal Dealer's and/or Itinerant Metal Dealer's Licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
When were you refused?		
Which authority refused your licence?		
Is planning consent required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, have you been granted planning consent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date planning approved?		
Planning Reference?		
Do you intend to operate a business as a motor salvage operator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## SECTION 2: APPLICATION BY INDIVIDUAL

2.1 Please provide your personal details – full name (including maiden name if applicable)

Surname		First Name(s)	
Date of Birth		Place of Birth	
Home Address (including postcode)			
Post Town		Postcode	
Daytime Phone No	Evening Phone No	Mobile Phone No	
Email Address			
National Insurance Number			
Length of time resident in the UK			
Name of your bank or building society			

2.2 Day to day management of the business:

	<i>Please Tick One Box Only</i>	
Do you intend to carry out the day to day management of the business?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you have answered **NO** you must complete **Section 4** of the Application form

### SECTION 3: APPLICATION BY BUSINESS OR ORGANISATION

#### 3.1 Specify the Legal Status of the Business or Organisation

*Please Tick One Box Only*

<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership	<input type="checkbox"/> Private Limited Company
<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Charity or Association	<input type="checkbox"/> Public Body

#### 3.2 Provide details of the Business or Organisation

Full Name of the Business or Organisation

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Full Address of the Principal or Registered Office

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Post Town		Postcode	
Company/Charity Registration No.	Telephone No.		Fax No.
Email Address			
Name of your bank or building society			

#### 3.3 Provide the Personal Details of all Directors, Partners or other persons responsible for the management of the business or organisation.

Surname		First Name(s)/Middle Names	
Date of Birth		Place of Birth	
National Insurance Number	Length of time resident at home address		Telephone No.
Home Address (Include flat position, house name etc)			
Post Town		Postcode	
Position within Business or Organisation			

Surname		First Name(s) Middle Names	
Date of Birth		Place of Birth	
National Insurance Number	Length of time resident at home address	Telephone No.	
Home Address (Include flat position, house name etc)			
Post Town		Postcode	
Position within Business or Organisation			
Surname		First Name(s) Middle Names	
Date of Birth		Place of Birth	
National Insurance Number	Length of time resident at home address	Telephone No.	
Home Address (Include flat position, house name etc)			
Post Town		Postcode	
Position within Business or Organisation			
Surname		First Name(s) Middle Names	
Date of Birth		Place of Birth	
National Insurance Number	Length of time resident at home address	Telephone No.	
Home Address (Include flat position, house name etc)			
Post Town		Postcode	
Position within Business or Organisation			

You must complete **Section 4** of the Application form

**CONTINUE ON A SEPARATE SHEET IF NECESSARY**

## SECTION 4: DAY TO DAY MANAGER

4.1 Please provide Personal Details for the individual that will be responsible for the day to day management of the business:

Surname		First Name(s)	
Date of Birth		Place of Birth	
Home Address (Include flat position, house name etc)			
Post Town		Postcode	
Telephone/Mobile Number			
Email Address			

## SECTION 5: PLACE OF BUSINESS

5.1 Provide details of each Place of Business

Trading Name and Full Address of the Premises			
Post Town		Postcode	
Phone No.		Fax No.	
Email Address			
State Hours of Business			
Operation of Premises	Metal is received at this premises	<input type="checkbox"/>	(Tick to confirm)
	Metal is stored at this premises	<input type="checkbox"/>	
	Metal is processed at this premises	<input type="checkbox"/>	
Trading Name and Full Address of the Premises			
Post Town		Postcode	
Phone No.		Fax No.	
Email Address			
State Hours of Business			

Operation of Premises	Metal is received at this premises	<input type="checkbox"/> (Tick to confirm)
	Metal is stored at this premises	<input type="checkbox"/>
	Metal is processed at this premises	<input type="checkbox"/>
Trading Name and Full Address of the Premises		
Post Town		Postcode
Phone No.		Fax No.
Email Address		
State Hours of Business		
Operation of Premises	Metal is received at this premises	<input type="checkbox"/> (Tick to confirm)
	Metal is stored at this premises	<input type="checkbox"/>
	Metal is processed at this premises	<input type="checkbox"/>

**CONTINUE ON A SEPARATE SHEET IF NECESSARY**

<b>SECTION 6: OPERATION OF BUSINESS AS A METAL DEALER</b>	
<b>6.1</b> Provide details on how the business will operate:	
Provide details of the types of metal in which you propose to trade  State days and hours of trading for which the licence is required	
Will the metals be disposed of in the same condition in which they are received:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If metals are processed before disposal please provide details of (a) the nature of the process or processes carried out and (b) the place(s) where processing is carried out	

## SECTION 7: PREVIOUS CONVICTIONS

State below particulars of any convictions or offences against the applicant or any person(s) named in Sections 2, 3 and 4 overleaf. Please note that these convictions and any future convictions may be referred to the Civic Licensing Committee and may be dealt with in public. Convictions which are spent under the Rehabilitation of Offenders Act 1974 do not have to be included but may also, in certain circumstances, be referred to by the Committee.

Name	Date	Court	Offence	Sentence/Fine

CONTINUE ON A SEPARATE SHEET IF NECESSARY

## SECTION 8: PUBLIC NOTICE

Specify if a Public Notice will be displayed at the Premises:

FOR METAL DEALERS ONLY

Delete part (a) or (b) as appropriate. Where declaration (a) is made there must be produced, as soon as possible after the expiry of the 21 day period, a Certificate of Compliance in accordance with paragraph 2(4) of Schedule 1.

(a) I/we declare that I/we shall, for a period of 21 days commencing with the date of submission of this application, display at or near the premises, so it can be conveniently be read by the public, a notice complying with the requirement of paragraph 2(3) of Schedule 1 of the Civic Government (Scotland) Act 1982.

OR

(b) I/we declare that I am/we are unable to display notice of this application at or near the premises because I/we have no right of access or other rights enabling me/us to do so.

If you do not have the necessary access rights to the Premises, please detail below the steps that you have taken to acquire the access rights:

## SECTION 9: AGENT

Is this application lodged by an Agent?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you have answered 'Yes', please complete the sections below			
Specify your capacity to act as an Agent :	Solicitor	<input type="checkbox"/>	
	Accountant	<input type="checkbox"/>	
	Business Consultant	<input type="checkbox"/>	
	Other (Please Specify) _____	<input type="checkbox"/>	
Full Name and Address of Agent			
Post Town		Postcode	
Phone No.		Fax No.	
Email Address			
Contact Name			

## SECTION 10: CHECKLIST

I confirm that I have enclosed the following:	
<b>All Applicants</b> <ul style="list-style-type: none"><li>The relevant Application Fee</li></ul> <u>Renewal Applicants</u>  Please provide a tax check code from HMRC, (see accompanying guidance sheet for link). We will use the code to verify with HMRC that you have completed their tax check. <b>Your application will not be considered without this.</b>  Tax Check Code from HMRC	<i>Please Tick</i>  <input type="checkbox"/>  <input type="checkbox"/>

## SECTION 11: DECLARATION BY APPLICANT

### New Grant Applications Only

Your attention is drawn to information provided by HMRC, the links to which are available on the accompanying guidance sheet. **By signing and lodging this application form you are confirming that you are aware of the information provided by HMRC.**

### All Applicants

The information you have provided on this Application form, and from supporting documentary evidence – where applicable, will be processed by Angus Council (the “data controller”) for the purposes of the General Data Protection Regulation and the Data Protection Act 2018 (UK GDPR) in order to process your Licensing Application.

For the purpose of dealing with your application, we will share your information in accordance with the Civic Government (Scotland) Act 1982, other licensing legislation and with relevant internal services of Angus Council

The Council may also check information provided by you, or information about you provided by a third party such as NHS Tayside, Scottish Fire and Rescue Service, Scottish Ambulance Service and Police Scotland with other information held by us. We may also get information from those third parties or share your information with them in order to check its accuracy, prevent or detect crime, protect public funds or where required by law.

Schedule 23 to Finance Act 2011 (Data Gathering Powers) and Schedule 36 to Finance Act 2008 (Information and Inspection Powers), grant HMRC powers to obtain relevant information from third parties. This includes licensing bodies being required to provide information about licence applicants.

Please note that you should read this service specific Privacy Notice in conjunction with the council’s Full Privacy Statement which is accessible on the council’s website at:

[https://www.angus.gov.uk/council\\_and\\_democracy/council\\_information/information\\_governance/angus\\_council\\_full\\_privacy](https://www.angus.gov.uk/council_and_democracy/council_information/information_governance/angus_council_full_privacy).

### Data Protection Act 2018

The information on this form may be held on an Electronic Register which may be available to members of the public on request.

### PLEASE NOTE – IT IS AN OFFENCE TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Criminal Law (Consolidation) (Scotland) Act 1995 Section 44(2)(b)

**I understand that Angus Council are permitted to accept applications for the grant or renewal of this licence objections or representations; and notifications of any change to the licence, by means of electronic communication. Applications, objections, representations or notifications can be sent to the Council by email to [LAWLicensing@angus.gov.uk](mailto:LAWLicensing@angus.gov.uk).**

**I permit Angus Council to give notice and provide reasons in relation to granting, refusing, renewing, changing, altering, varying, suspending, and revoking the licence by means of email. I authorise the email address provided by me on this application to be used for this purpose.**

I declare that the particulars given by me on this form are correct to the best of my knowledge and belief. I authorise the use of all information which I have provided for the above purposes. I hereby make application to Angus Council for the grant or renewal of the licence applied for.

Date.....

Signature of Applicant (or agent if applicable)

.....

Position of Applicant in company (if not otherwise stated)

.....

Address of Agent (if applicable)

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**Only the Applicant or the Agent named in Section 8 can sign or amend this application form**

## NOTES

1. To be lodged with the Service Leader – Legal & Democratic, Angus Council, Forfar together with the appropriate lodging fee. The application will not be processed without payment of the appropriate fee.
2. Any person who in, or in connection with, the making of this application makes any statement which he knows to be false or recklessly makes any statement which is false in a material particular shall be guilty of an offence and liable, on summary conviction, to a fine not exceeding £2,500.

### FOR OFFICE USE ONLY

Date Lodged	Receipt No.		
Current Licence No.	Expiry Date	Suspended	Prev. Refused
		YES NO	YES NO
Date of Decision	Decision	Licence Issued	