

Application Form for Metal Licence

SECTION 1. (To be completed for all applications)
<p>1. Please write the type of licence you are applying for (please write): w A street licence <input type="checkbox"/> A collector's licence <input type="checkbox"/> w</p>
<p>1(a). Are you applying as (please write): w An individual <input type="checkbox"/> A company <input type="checkbox"/> A partnership <input type="checkbox"/> w</p>
<p>1(b). Please state your trading or company name w</p>
<p>1(w). Is this application a renewal (please write) w Yes <input type="checkbox"/> No <input type="checkbox"/> w w If 'yes' please provide your existing licence number w</p>
SECTION 2. TO BE COMPLETED IF APPLYING FOR A LICENCE N.B. - This section is for the licence holder to complete if the licence holder is a business or a site which is identified as the licence holder. w
<p>2(a) Your personal details TITLE (please write) w Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state) w</p>
<p>Surname w w Forenames w</p>
<p>I am 18 years old or over. Please write w Yes <input type="checkbox"/> No <input type="checkbox"/> w Date of Birth w</p>
<p>Address (we will use this address to correspond with you unless you complete the separate correspondence box below). w House name or number: w w Street name of address: w w Town / City: w w Postcode: w</p>
<p>Contact numbers Daytime: w Evening: w Mobile: w</p>

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

Correspondence address w
w
House name or number: w
w
Floor/level of address: w
w
Town /City: w
w
Postcode: w
w

2a) If you are applying as a partnership, please provide the following details for the sole partner: w
w
Full name: w
w
Date of birth: w
w
Residential address: w

2a) If you are applying as a company, please provide: w
w
Company name: w
w
Registration number: w
w
Address of the registered office: w

2(b) Please list the full address of each site you will carry out business as a small retailer w
[N.B- If the applicant operates multiple sites within a licensing authority area, provisions should be made for w
more than one site manager] w
w
House name or number: w
w
Floor/level of address: w
w
Town /City: w
w
Postcode: w
w

2(w) Swe mawager weva ls (f wfferew from vhe applwaw) w
 [N.B- w s mporvaw w l swveva ls of awy wrewor or wompaw sewevary alongswe vhe swe mawager. Th s w
 formawowmuswbe revorwew] w
 w
 Swe mawager wame: w
 w
 House wame or number: w
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 F rswlwe of aw ress: w
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 Tow /Cwy: w
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 Poswowe: w
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 Dave of B rvh: w
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2b) Please provwe weva ls of awy swe w vhe area of awy ovher loval auvhorwy aww hwh vhe applwaw w
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 Aw ress: w
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 Lowal auvhorwy area: w
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2(w) Please provwe weva ls of awy relevaw eww rowmew al permw, exempwow or reg swawoww relatoww w
 he applwaw w
 w
 Do you have plaw g perm ss ow(please w k) w
 Oly applwable w swes es abl shewafvver 1 November 1990 w
 w
 Yes No w

2e) Please provwe weva ls, w luw g lwew e number, of awy ovher swap meval lwew e wssuew w vhe w
 applwaw w hw vhe lasw3 years: w
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CTIONB.FOBECOMPLETEDIF APPLYINGFORACOLLECTOR’F LICENCEF
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authoFity’sFaFfaFoly.Fw

3(a) Your persowal weva ls w
 TITLE (please w k) w
 w
 Mr wMrs M ss Ms wOvher (please swave) w

<p>Surname w w Forenames w w</p>
<p>Awress (we w ll use wh s wawress wo w orrespow w h you w unless you w omplew the wseparate w orrespow ew e box below). w w House name or number: w w F rs/w/e of awress: w w Town /Cwy: w w Postcode: w w</p>
<p>Current numbers: w Daytime w Evening w Mobile w w</p>
<p>Email address (if you would prefer us to correspond with you by email) w</p>
<p>Correspondence address w w House name or number: w w F rs/w/e of awress: w w Town /Cwy: w w Postcode: w w</p>
<p>3(b) Are you registered as a voter (please tick) w w Yes <input type="checkbox"/> No <input type="checkbox"/> w w If 'yes' please provide your voter's registration number: w w</p>
<p>3(w) Please provide details of any other swap member listed in the application within the last three years w w w</p>
<p>SECTION 4. PAYMENT (For all applications)</p>
<p>4(a) How do you wish to make payment for your swap member's interest? (please tick) w w Debit Card Payment (please call 02920 871651) <input type="checkbox"/> w Cheque (please make payable to Cardiff County Council) <input type="checkbox"/> w Cash (to be paid at Cowy Hall) <input type="checkbox"/> w w</p>

4(b) Is this bank account the same account which I make payments to suppliers? (please tick) w
w
Yes No w
w
If 'no' please provide details below w
w
Bank account number ww w w w Sorw wove w
w
w

SECTION 5. CRIMINAL CONVICTION (FoF all applicants)
w

5(a) Have you or any of your directors or manager(s) who are appointed by you or have been appointed by you or have been appointed by your company or any of your subsidiaries or any of your subsidiaries been convicted of a relevant offence or been the subject of any relevant enforcement action? (Please see Home Office Guidance for a list of relevant offences). w
w
Yes No w
w
If 'yes' please provide details w
w
w

5(b) Have you attached your business disclosure checklist form? (Please note - this must be observed by the applicant and any relevant director and attached to the application; you should expect to receive delays in issuing a SMD license) w
w
Yes No w
w

SECTION 6. DECLARATION (FoF all applicants)

The information provided in this form is true and accurate to the best of my knowledge and belief. I understand that if I make a material statement which is 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 fined or imprisoned.

I understand that 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 this declaration 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 my previous criminal offences, and I hereby expressly consent to this processing of my data. w
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Signed ww w w w w Dave w
w
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