

Application for a Scrap Metal Licence

SECTION 1 (for all applicants)		
Please indicate the type of licence you are applying for (please tick):		
A site licence A collector's licence		
Are you applying as (please tick):		
An individual A Company A partnership		
Please state your trading name:		
Is this application for a grant of a new licence or a renewal (please tick the relevant box):		
is this application to a grant of a new licence of a renewal (please tick the relevant box).		
Grant of a new licence Renewal of an existing licence		
If 'yes' please provide your existing licence number:		
SECTION 2. Permits, registrations and licences in force		
Please provide details of any relevant environmental permit, exemption or registration (such as a scrap metal dealer or a motor salvage operator) in relation to the applicant:		
Type: Identifying number: Date of issue:		
Type: Identifying number: Date of issue:		
Continue on a separate sheet if necessary.		
Please provide details, including licence number, of any other scrap metal licence issued by any authority to the applicant within the last 3 years (please use a continuation sheet if necessary): 1.		
2.		
Are you registered as a waste carrier by the Environment Agency? (please tick)		
Yes No		
If 'yes' please provide your carrier's registration number:		

SECTION 3. TO BE COMPLETED IF APPLYING FOR 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 (within the Bromley Borough).

Details of prospective licence holder

Title (please tick):	I am 18 years old or over. Please tick	
Mr Mrs Miss Ms Other	Yes No	
(please state):	Date of Birth:	
Surname:	Forenames:	
Position/Role in the business:		
I attach a Basic Disclosure Certificate issued for the	he applicant by Disclosure Scotland:	
Yes No		
If you do not provide a disclosure certificate your application may be delayed or rejected.		
Photograph of licence holder attached: Yes	No (see photo note on page 9)	
Contact details (we will use your business address)	ss to correspond with you unless you indicate we	
Business Address: Head office name / house name or number:	Telephone numbers:	
First Page of address of	Daytime:	
First line of address:		
Town/City	Evening:	
Postcode:	Mobile:	
Home address:	Email address (if you would prefer us to	
House name or number:	correspond with you by email):	
First line of address:		
Town/City:	Diagon note that you must still provide us with a	
Town, Oney.	Please note that you must still provide us with a postal address	
Postcode:		

Site details. Please list the details for each site where you 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 (if different from the applicant)		
Site 1	Name:		
Name or number:	House name o	r number	:
First line of address:	First line of add	dress:	
Town/City:	Town/City:		
Postcode:	Postcode:		
Telephone number:	Date of Birth:		
Email address:	Basic Disclosu	ıre certific	ate attached:
Website address:	Yes	No	
	Photograph of	site mana	ager attached:
	Yes	No	(see photo note on page 9)
Site 2	Name:		
Name or number:	House name o	r number	:
First line of address:	First line of add	dress:	
Town/City:	Town/City:		
Postcode:	Postcode:		
Telephone number:	Date of Birth:		
Email address:	Basic Disclosu	ire certific	ate attached:
Mahaita addusas.	Yes	No	
Website address:	Photograph of	site mana	ager attached:
	Yes	No	(see photo note on page 9)

Partnerships (If you are applying as a partnership, please provide the following details in respect of each partner – where there are more than two partners then please use a continuation sheet)		
Full name:	Full name:	
Date of birth:	Date of birth:	
Residential address:	Residential address:	
Basic Disclosure certificate attached:	Basic Disclosure certificate attached:	
Yes No	Yes No	
Companies (If you are applying as a company pl company)	ease provide the details set out below about the	
Company name:		
Registration number		
Address of the registered office:		
Please provide the following details for each director(s), shadow director(s) and company secretary where these are different from the applicant and site manager(s) – where necessary please use a continuation sheet.		
Role:	Role:	
Name:	Name:	
Date of Birth:	Date of Birth:	
House name or number:	House name or number:	
First line of address:	First line of address:	
Town/City:	Town/City:	
Postcode:	Postcode:	
Basic Disclosure certificate attached:	Basic Disclosure certificate attached:	
Yes No	Yes No	

Please provide details of any site in the area of any other local authority at which the applicant carriers 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 if before commencement of the Scrap Metal Dealers Act 2013:
Please continue on a separate sheet of paper if necessary.
Only applicable to sites established after 1 November 1990
Do you have planning permission (please tick)
Yes No

Plans (for each site):

We require a site plan showing the site curtilage, all buildings and any fixed machinery for each site applied for.

SECTION 4. TO BE COMPLETED IF APPLYING FOR A COLLECTOR'S LICENCE N.B- A collector's licence authorises the licensee to carry out business as a mobile collector in the authority's area only.			
Details of prospective licence h	older		
Title (please tick):		I am 18 years old or over. Please tick	
Mr Mrs Miss Ms	Other	Yes No	
(please state):		Date of Birth:	
Surname:		Forenames:	
I attach a Basic Disclosure Certific	cate issued for th	the applicant by Disclosure Scotland:	
Yes No			
If you do not provide a disclosure	certificate your a	r application may be delayed or rejected.	
Photograph of collector attached:	Yes No	(see photo note on page 9)	
Contact details (we will use your should use your home address)	business addre	ress to correspond with you unless you indicate we	Э
Business Address:		Telephone numbers:	
House name or number:		Daytime:	
First line of address:		Evening:	
Town/City:		Mobile:	
Postcode:			
Home address: House name or number:		Email address (if you would prefer us to correspond with you by email):	
First line of address:			
Town/City:		Please note that you must still provide us with a	a
Postcode:		postal address	

	Where will scrap metal that has been purchased by	pe stored before further disposal?	
	House name or number:		
	First line of address:		
	Town/City:		
	Postcode:		
	Will not be stored		
	- Trim flot be delica		
	SECTION 5. MOTOR SALVAGE (For all applica	nts)	
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	Will your business consist of acting as a motor sal that:	Ivage operator? This is defined as a business	
		s from motor vehicles 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;		
and,			
• wholly or mainly buys or sells motor vehicles for the purpose of salvaging parts from them or repairing them and selling them off.			
	(please tick)		
	Yes No		
L			
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	SECTION 6. BANK ACCOUNTS THAT WILL BE all applicants)	USED FOR PAYMENTS TO SUPPLIERS (For	
	Please provide details of the bank account(s) that	will be used to make payment to suppliers, in	
accordance with s12 of the Scrap metal Dealers Act 2013. If more than two bank accounts will be			
used, please use a continuation sheet.			
	Name of bank:	Name of bank:	
	Address of bank:	Address of bank:	
	Account name:	Account name:	
	Sort code:	Sort code:	
	Account number:	Account number:	

SECTION 7. PAYMENT (For all applicants)			
The fees are available by calling Licensing: 020 8313 4218 Or by visiting our webpage: www.bromley.gov.uk			
SECTION 8. DECLARATION (rel	evant offences; for all applica	nts)	
Have you, any listed partners, any listed directors, or any listed site manager(s) in this application ever been convicted of a relevant offence or been the subject of any relevant enforcement action? (Please see additional document for list of relevant offences).			
Yes No			
If 'yes' you must provide details fo	or each conviction, the date of th	e conviction, the name and	
location of the convicting court, of	fence of which you were convict	ted and the sentence imposed:	
SECTION 9. List of all motor vehicles used in connection with this application (for all applicants). If more than three vehicles are used, please use a continuation sheet.			
Make	Make	Make	
Model	Model	Model	
Colour	Colour	Colour	
Registration number	Registration number	Registration number	

Checklist:

- I have made or enclosed payment of the fee
- I have enclosed the Basic Disclosure Certificate for each person relevant
- I have enclosed the Bank Account details used for payments
- I have enclosed photographs of the applicant & each site manager
- I have enclosed a photograph of the collector
- I have signed the application form
- I understand that if I do not comply with the above requirements my application will be rejected

SECTION 10. DECLARATION (For all applicants)

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 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 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.

Signed:	Date:

NOTE:

PHOTOGRAPHS

- Photographs should be standard passport sized and two (2) photos should be sent for each individual.
- One photographic endorsement form should be completed for each individual applicant.
- One of the photos should be signed on the back (endorsed) by an individual listed on the "Photo Endorsement form" enclosed with the application pack.

PHOTOGRAPH ENDORSEMENT FORM

Scrap Metal Dealers Application

I (insert your name)	
of (your address)	
Post Code:	
Contact Telephone Number	
Have endorsed a photograph as being the true identity and likene	ess of:
(Insert name of applicant)	
I am (please tick)	
 A solicitor A Notary A person of standing in the community Any other individual listed below 	
Signature:	Date:
NOTE: The list below is the preferred list of signatories; other occ	cupations may be

acceptable with prior approval from the Licencing Team.

- Bank Manager
- Barrister
- Building Society Manager
- Commissioner of Oaths
- Councillor
- Dentist
- Doctor
- Justice of the Peace

- LB Bromley Licensing Administrator (appointment needed)
- Member of Parliament
- Metropolitan Police Officer
- Minister of Religion
- Notary
- Solicitor

Relatives or partners are not acceptable

Frequent checks are made of the details supplied on this sheet