



# EAST RIDING

OF YORKSHIRE COUNCIL

**Paul Bellotti** Head of Housing, Transportation and Public Protection

East Riding of Yorkshire Council, Licensing Team, HTPP, Room KG21, County Hall  
Beverley East Riding of Yorkshire HU17 9BA

## APPLICATION FOR A SCRAP METAL LICENCE

<b>SECTION 1. (for all applicants)</b>		
Please indicate the type of licence you are applying for (please tick):		
A site licence <input type="checkbox"/> A collector's licence <input type="checkbox"/>		
Are you applying as (please tick):		
An individual <input type="checkbox"/> A company <input type="checkbox"/> A partnership <input type="checkbox"/>		
Please state your trading name:		
Is this application for a grant of a new licence or a renewal (please tick the relevant box):		
Grant of a new licence <input type="checkbox"/> Renewal of an existing licence <input type="checkbox"/>		
If 'yes' please provide your existing licence number:		
<b>SECTION 2. Permits, registrations and licences in force</b>		
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):		
Are you registered as a waste carrier? (please tick)		

Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'yes' please provide your carrier's registration number:	
<b>SECTION 3. TO BE COMPLETED IF APPLYING FOR A SITE LICENCE</b> <b>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.</b>	
<b>Details of prospective licence holder</b>	
Title (please tick):  Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>  (please state):	I am 18 years old or over. Please tick  Yes <input type="checkbox"/> No <input type="checkbox"/>  Date of Birth:
Surname:	Forenames:
Please also state your maiden name or any other surnames you have previously been known by:	
Position/Role in the business:	
I attach a Basic Disclosure Certificate issued for the applicant by Disclosure Scotland <sup>1</sup> : Yes <input type="checkbox"/> No <input type="checkbox"/> If you do not provide a disclosure certificate your application may be delayed or rejected.	
<b>Contact details</b> (we will use your business address to correspond with you unless you indicate we should use your home address)	
Business Address:  Head office name or house name or number:  First line of address:  Town/City:  Postcode:	Telephone numbers:  Daytime:  Evening:  Mobile:
Home address:  House name or number:  First line of address:	Email address (if you would prefer us to correspond with you by email):

<sup>1</sup> Further information about Basic Disclosure Certificates and Disclosure Scotland are set out in the explanatory notes accompanying this form.

Town/City:  Postcode:  <input type="checkbox"/> Please use my home address for correspondence	Please note that you must still provide us with a postal address
<b>Site details.</b> 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 or number:  First line of address:  Town/City:  Postcode:  Telephone number:  Email address:  Website address:	Name: <sup>2</sup>  House name or number: <sup>3</sup>  First line of address:  Town/City:  Postcode:  Date of Birth:  <b>Basic Disclosure certificate attached:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <sup>4</sup>
Site 2  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:  <b>Basic Disclosure certificate attached:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Partnerships</b> (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)	

<sup>2</sup> Please also state your maiden name or any other surnames you have previously been known by.

<sup>3</sup> Please provide the site manager's home address as this will facilitate conducting checks on whether they are a suitable person.

<sup>4</sup> If you do not provide a disclosure certificate issued for named persons by Disclosure Scotland issued no more than three months before the date of this application your application may be delayed or rejected.

Full name: <sup>5</sup> Date of birth: Residential address:  <b>Basic Disclosure certificate attached:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <sup>6</sup>	Full name: Date of birth: Residential address:  <b>Basic Disclosure certificate attached:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Companies** (If you are applying as a company please provide the details set out below about the company)

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: Name: Date of Birth: House name or number: First line of address: Town/City: Postcode:  <b>Basic Disclosure certificate attached:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <sup>7</sup>	Role: Name: Date of Birth: House name or number: <sup>8</sup> First line of address: Town/City: Postcode:  <b>Basic Disclosure certificate attached:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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<sup>5</sup> Please also state your maiden name or any other surnames you have previously been known by.

<sup>6</sup> If you do not provide a disclosure certificate issued for named persons by Disclosure Scotland issued no more than three months before the date of this application your application may be delayed or rejected.

<sup>7</sup> If you do not provide a disclosure certificate issued for named persons by Disclosure Scotland issued no more than three months before the date of this application your application may be delayed or rejected.

<sup>8</sup> Please provide the director's home address as this will facilitate conducting checks on whether they are a suitable person.

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 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

**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 holder**

Title (please tick):

Mr  Mrs  Miss  Ms  Other

(please state):

I am 18 years old or over. Please tick

Yes  No

Date of Birth:

Surname:

Forenames:

Please also state your maiden name or any other surnames you have previously been known by:

I attach a Basic Disclosure Certificate issued for the applicant by Disclosure Scotland<sup>9</sup>:

Yes  No

If you do not provide a disclosure certificate your application may be delayed or rejected.

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

Business Address:

Telephone numbers:

House name or number:

Daytime:

First line of address:

Evening:

<sup>9</sup> Further information about Basic Disclosure Certificates and Disclosure Scotland are set out in the explanatory notes accompanying this form.

Town/City: Postcode:	Mobile:
Home address: House name or number:  First line of address:  Town/City: Postcode: <input type="checkbox"/> Please use my home address for correspondence	Email address (if you would prefer us to correspond with you by email):   Please note that you must still provide us with a postal address
<b>SECTION 5. MOTOR SALVAGE (For all applicants)</b>	
<p>Will your business consist of acting as a motor salvage operator? This is defined as a business that:</p> <ul style="list-style-type: none"> <li>• wholly or in part recovers salvageable parts from motor vehicles for re-use or re-sale, and then sells the rest of the vehicle for scrap;</li> <li>• wholly or mainly involves buying written-off vehicles and then repairing and selling them off; and,</li> <li>• wholly or mainly buys or sells motor vehicles for the purpose of salvaging parts from them or repairing them and selling them off.</li> </ul> <p>(please tick)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>To operate as a motor salvage operator you will need to apply for a site licence.</p>	
<b>SECTION 6. BANK ACCOUNTS THAT WILL BE USED FOR PAYMENTS TO SUPPLIERS (For all applicants)</b>	
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.	
Account name: Sort code: Account number:	Account name: Sort code: Account number:
<b>SECTION 7. PAYMENT (For all applicants)</b>	

How do you wish to make payment for your scrap metal dealer's licence? (please tick)

Debit card/Credit card  Cheque Council  (please make payable to ERYC or East Riding of Yorkshire Council)  
Bacs payment  please give date and reference

**SECTION 8. CRIMINAL CONVICTIONS (For all applicants)**

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 below for a 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:

**SECTION 9. 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: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_