



## Application for Membership

**1. Legal Ownership of Business**

(a) **Trading Name(s):** .....

(b) **Organisation Type:**

**Limited Company**

**Partnership**

**Sole Trader**

**Limited Liability Partnership**

**Other, please specify**.....

**2. Trading Address:**

.....

.....

..... Postcode: .....

Telephone No: ..... Mobile No:.....

Fax No: .....

Email: .....

Web Address: .....

VAT Registered No: .....

Registered Company Name.....

Registered Office address (if different to trading address).....

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Trading Hours.....

**3. Nominated Person for Trading Standards Contact:** .....

.....

Role within Business:.....

Telephone No: .....

Email: .....

Preferred written Communication:    Email                    Postal

4. **Nominated Person for Complaints Procedure:** .....
- .....
- Role in Business:.....
- Telephone: .....
- Email: .....
- Preferred written Communication:    Email                  Postal
5. **Nature of Business** (please tick all applicable boxes)
- New Vehicle Sales
- Used Vehicle Sales
- Repairs (including body work) and Servicing
- MOT Centre No.....
- How long has the business been trading? .....        Years    months
6. **Approximate number of staff:** .....
7. **Member of any Trade Associations?:(please specify)** .....
- .....
8. **Do you have a consumer credit license? Yes/No**
- If Yes, license number and expiry date: .....

**Declaration**

**I/we wish to be considered for membership of the Motor Trade Partnership. I/we agree to a probationary period where the business and systems are vetted and monitored by the Council's Trading Standards division. Should I/we be accepted into the scheme, I/we agree to pay the membership fee to East Riding of Yorkshire Council.**

Signature: .....

Name: .....

Position: .....

Date: .....

**Please return application form to:**

East Riding of Yorkshire Council Trading Standards  
 Calibration Test Centre  
 Brudenell Way  
 Dane Park Road  
 Hull  
 HU6 9DX