

Application Form for Grant or Renewal of Metal Dealer's Licence

This is an application to apply for the Grant or Renewal of a Metal Dealer's Licence made in term of Section 28 of the Civic Government (Scotland) Act 1982



Before completing this form please read the guidance and notes that are attached.
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 Complete Section 2 do not complete Section 3	<input type="checkbox"/>
Application by a Business or Organisation (including a Sole Trader) Complete Section 3 do not complete Section 2	<input type="checkbox"/>

1.2 Specify the type and duration of licence you are applying for:

	<i>Please Tick One Box Only</i>	
	Temporary	3 Years
Grant	<input type="checkbox"/>	<input type="checkbox"/>
Renewal	N/A	<input type="checkbox"/>

SECTION 2. APPLICATION BY INDIVIDUAL

2.1 Please provide your Personal Details:

Surname		First Name(s)	
Date of Birth		Place of Birth	
Home Address (Include flat position, house name etc)			
Post Town		Postcode	
Daytime Phone No.		Evening Phone No.	Mobile Phone No.
Email Address			

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**READ NOTE B****3.1** Specify the Legal Status of the Business or Organisation:*Please Tick One Box Only*☐ Sole Trader☐ Partnership☐ Private Limited Company☐ Public Limited Company☐ Charity or Association☐ Public Body**3.2** Provide details of the Business or Organisation

Full Name of the Business or Organisation

Full Address of the Principal or Registered Office

Post Town

Postcode

Company/Charity Registration
No.

Phone No.

Fax No.

Email Address

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

Surname

First Name(s)

Date of Birth

Place of Birth

Home Address (*Include flat position, house name etc*)

Post Town

Postcode

Position within Business or Organisation

Surname

First Name(s)

Date of Birth

Place of Birth

Home Address (*Include flat position, house name etc*)

Post Town

Postcode

Position within Business or Organisation

Surname		First Name(s)	
Date of Birth		Place of Birth	
Home Address <i>(Include flat position, house name etc)</i>			
Post Town		Postcode	
Position within Business or Organisation			
Surname		First Name(s)	
Date of Birth		Place of Birth	
Home Address <i>(Include flat position, house name etc)</i>			
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 <i>(Include flat position, house name etc)</i>			
Post Town		Postcode	
Daytime Phone No.	Evening Phone No.	Mobile Phone No.	
Email Address			

SECTION 5: PLACE OF BUSINESS

Read Note C

5.1 Provide details of the each Place of Business (Read Note C)

Trading Name and Full Address of the Premises

Post Town		Postcode	
Phone No.		Fax No.	
Email Address			
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			
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			
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

SECTION 6: OPERATION OF BUSINESS AS A METAL DEALER

Read Note C

6.1 Provide details on how the business will operate:

Provide details of the types of metal in which you propose to deal:	
Will the metals be disposed of in the same condition in which they are received:	Yes <input type="checkbox"/> (Tick to confirm) 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

Read Note D

7.1 For any individuals named in Sections 2, 3 and 4 of the application form, you must provide details below of **all** current convictions (including road traffic offences) recorded against them. Provide details of all convictions **not** considered spent under the Rehabilitation of Offenders Act 1974.

If you are declaring no such convictions please write "None".

Name	Date	Court	Offence	Penalty

CONTINUE ON A SEPARATE SHEET IF NECESSARY

SECTION 8: TAX CONDITIONALITY

8.1 RENEWAL APPLICATIONS

Individual, company (company tax code) or partnership (partner submitting the application*)

Please provide the 9 character tax code from HMRC

*if you are a partner of the partnership please also provide your date of birth

Please note your renewal application will not be accepted by the licensing authority without this.

Tax code:

Name of Partner:

Date of Birth:

8.2 GRANT APPLICATIONS

Individual, company (company tax code) or partnership (partner submitting the application*)

8.2.1 Do you currently hold a metal dealer licence with Another licensing authority – if yes you must provide the 9 character tax code from HMRC (if no please answer question 8.2.2 below)

*if you are a partner of the partnership please also provide your date of birth

YES ☐ NO ☐ (Tick to confirm)

Tax Code:

Name of Partner:

Date of Birth:

8.2.2 Have you ever held a metal dealer licence? If yes, please answer the rest of this question. (If no, please answer question 8.2.3)

Was the expiry of your last licence or revocation of your last licence less than a year from the date of this application form? If yes, you must provide the 9 character tax code from HMRC. (If no, please answer question 8.2.3).

YES ☐ NO ☐ (Tick to confirm)

YES ☐ NO ☐ (Tick to confirm)

Tax Code:

Date of Birth:

8.2.3 The UK government introduced new tax requirements for booking office licences. To find out more information about your tax registration obligations please visit www.gov.uk/register-for-self-assessment; www.gov.uk/corporation-tax and www.gov.uk/income-tax/how-you-pay-income-tax

I confirm that I am aware of the content of HMRC guidance relating to my/our* tax registration obligations.

Individual ☐ (Tick to confirm)

Company ☐

Partnership ☐

SECTION 9: PUBLIC NOTICE

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

I will display a Public Notice providing all the required information at or near the Premises so that it can be conveniently read by the public and I will take reasonable steps to replace the Public Notice should it be removed or defaced	<i>Please Tick</i> <input type="checkbox"/>
I am unable to display a Public Notice at the Premises because I do not have the necessary rights of access	<input type="checkbox"/>
I am applying for a Temporary Licence and do not have to display a Public Notice	<input type="checkbox"/>

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

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SECTION 10: AGENT

10.1

Please Tick One Box Only

Is this application lodged by an Agent?

YES ☐

NO ☐

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

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Post Town		Postcode	
Phone No.		Fax No.	
Email Address			
Contact Name			

SECTION 11: CHECKLIST

The appropriate fee will be paid by me as soon as possible and I understand that the application will not be considered by the Licensing Authority until payment of the fee is made to Glasgow City Council.

All Applicants

- Payment of the relevant Application Fee

Please Tick

☐

SECTION 12: DECLARATION BY APPLICANT

I hereby make my application to Glasgow City Council and confirm that (a) the particulars given by me on this form are true to the best of my knowledge and belief; (b) I have read the attached guidance and notes; and (c) the appropriate fee is enclosed.

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

SIGNATURE

DATE

PLEASE NOTE:

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 level four on the standard scale.

NOTES

- A** The information which you provide on this form will be processed by Glasgow City Council (which is the “data controller” for purposes of data protection legislation) in order to process your application for the attached licence. The Council is under an obligation to properly manage public funds. Accordingly, information that you have provided on this form may be used to prevent and detect fraud, and may also be shared for the same purposes with other public bodies or other organisations that handle public funds.
- B** If completing section 3 you must specify the legal status of your Business or Organisation.
- A sole trader is regarded as business owned by one person without any special legal structure.
 - If applying as a Limited Company you must provide your Company Registration Number.
 - If applying as a Charity please provide your Charity Registration Number in the Company Registration section.
- C** “Place of business” is defined in the 1982 Act as a place of business operated by a metal dealer in the ordinary course of that dealer’s business as a metal dealer. You are required to provide details of each place of business located within the Glasgow City Council boundary.
- D** **All** current convictions, including road traffic and other fixed penalties, incurred in the UK and abroad must be declared. This applies to every individual named in Section 2, Section 3 and Section 4 of the application form.
If you are uncertain as to the details/dates of any crimes or offences you should contact Disclosure (Scotland), PO Box No 250, Glasgow, G2 4JS (Phone: 0870 609 6006). Alternatively you can also call at any police office and pick up the appropriate Data Protection Form, requesting ‘subject access’ to your record. There is a cost for this search.

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