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| **Application Form for Grant or Renewal of**  **Metal Dealer’s Licence** | | | | 12mmMarkRGB |
| **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: | | | | |
|  | | | *Please Tick One Box Only* | |
| Application by an Individual  **Complete Section 2 do not complete Section 3** | | |  | |
| Application by a Business or Organisation (including a Sole Trader)  **Complete Section 3 do not complete Section 2** | | |  | |
| **1.2** Specify the type and duration of licence you are applying for: | | | | |
|  | *Please Tick One Box Only* | | | |
|  | Temporary | 3 Years | | |
| Grant |  |  | | |
| Renewal | N/A |  | | |

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| **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: | | | | | | | | | | | | |
|  | | | | | | | | | | | *Please Tick One Box Only* | |
| Do you intend to carry out the day to day management of the business? | | | | | | | | | | | YES | NO |
| 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 | | | | | |  | | | | | | |

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| --- | --- | --- | --- |
|  | | | |
| 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 | |  | |
| You must complete **Section 4** of the Application form | | | |
| **Continue on a Separate Sheet if Necessary** | | | |

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| **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 *(Include flat position, house name etc)* | | | | |
|  | | | | |
| Post Town |  | | Postcode |  |
| Daytime Phone No. | | Evening Phone No. | | Mobile Phone No. |
|  | |  | |  |
| Email Address | |  | | |

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| **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 | | | *(Tick to confirm)* |
| Metal is stored at this premises | | |  |
| Metal is processed at this premises | | |  |
|  | | | | | |
| 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 | | | *(Tick to confirm)* |
| Metal is stored at this premises | | |  |
| Metal is processed at this premises | | |  |
|  | | | | | |
| 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 | | | *(Tick to confirm)* |
| Metal is stored at this premises | | |  |
| Metal is processed at this premises | | |  |

**Continue on a Separate Sheet if Necessary**

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| **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 | *(Tick to confirm)* |
| No |  |
| 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 |  | |

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| **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** | | | | |

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| **Section 8: tax conditionality** | |
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| **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 dealerlicence? 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: |
| * + 1. 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-assessement*](http://www.gov.uk/register-for-self-assessement)*;* [*www.gov.uk/corporation-tax*](http://www.gov.uk/corporation-tax) *and* [*www.gov.uk/income-tax/how-you-pay-income-tax*](http://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 |

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| **Section 9: Public Notice** | |
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| **9.1** Specify if a Public Notice will be displayed at the Premises: | |
|  | *Please Tick* |
| 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 am unable to display a Public Notice at the Premises because I do not have the necessary rights of access |  |
| I am applying for a Temporary Licence and do not have to display a Public Notice |  |
| 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 | | | |  |
| Accountant | | | |  |
| Business Consultant | | | |  |
| Other (Please Specify) | | | |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |
|  | | | | | | | |
| Full Name and Address of Agent | | | | | | | |
|  | | | | | | | |
| Post Town |  | | | Postcode |  | | |
| Phone No. | | | | Fax No. | | | |
|  | | | |  | | | |
| Email Address | |  | | | | | |
| Contact Name | |  | | | | | |

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| **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** | *Please Tick* |
| * Payment of the relevant Application Fee |  |

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| **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. | | | |

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| **Notes** | | | | |
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| 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** |
|  | |  | |  |