

**Application to Vary a Scrap Metal Licence (Site Licence)
Change of Licensee's Details**

SECTION 1.
Please state your trading name:
Licence Number:
Are you applying as (please tick): An Individual <input type="checkbox"/> Please complete Section 2A A Partnership <input type="checkbox"/> Please complete Section 2B A Company <input type="checkbox"/> Please complete Section 2C

SECTION 2A. Details of Licence Holder (Individual)	
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:	
Contact details (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:	Email address (if you would prefer us to correspond with you by email):

First line of address: 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
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SECTION 2B. Details of Licence Holder (Partnership) (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: Date of birth: Residential address:	Full name: Date of birth: Residential address:

SECTION 2C. Details of Licence Holder (Company) (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:	Role: Name: Date of Birth: House name or number: First line of address: Town/City: 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.

Full address of each site you intend to carry out business as a scrap metal dealer:

Site 1

Name or number:

First line of address:

Town/City:

Postcode:

Telephone number:

Email address:

Website address:

Site 2

Name or number:

First line of address:

Town/City:

Postcode:

Telephone number:

Email address:

Website address:

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.

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: First line of address: Town/City: Postcode:	Daytime: Evening: 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

SECTION 6. BANK ACCOUNTS THAT WILL BE USED FOR PAYMENTS TO SUPPLIERS (For all applicants)

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:
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SECTION 7. PAYMENT

The Fee change Licensees details is £63.86.
Please make cheques payable to Wirral Borough Council.

SECTION 8. CRIMINAL CONVICTIONS

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

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: _____

PRIVACY POLICY

Wirral Council takes your privacy seriously. We will only use your personal information to administer your application and provide the products and services you have requested from us.

From time to time we may need to contact you with details of the service or information we require from you and we will do this using the contact information you provided on your application form. This can either be by post, email, telephone or text message.

The Council has a duty to protect the public and we implement a number of security measures to maintain the safety of your personal information. Please be aware however that the information you provide on this application may be shared with other public bodies where required, such as Council Departments, Government Services and the police, which may be used for the prevention of fraud or other serious offences.

If you require a copy of the data we hold or believe it to be inaccurate please contact the Council's Information Manager Officer by email at DPO@wirral.gov.uk

Any further information held by the Council about individuals will be held securely and in compliance with the law. Information will not be held for longer than required and will be disposed of securely.