

Application for a Scrap Metal Licence

SECTION 1. (for all applicants)
Please indicate the type of licence you are applying for (please tick): A site licence <input checked="" type="checkbox"/> A collector's licence <input type="checkbox"/>
Are you applying as (please tick): An individual <input type="checkbox"/> A company <input checked="" type="checkbox"/> A partnership <input type="checkbox"/>
Please state your trading name: European Metal Recycling Limited
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 checked="" type="checkbox"/> If 'yes' please provide your existing licence number: Scrap Metal Dealer 2013 Registration held by EMR for site, see Section 3 Site Details sheet for reference number.
SECTION 2. Permits, registrations and licences in force
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: EMR operates over 60 sites in England & Wales, see Appendix 1 (SMDA Registrations and Appendix 2 (Environmental Permits & Exemptions) for details
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): Please see Appendix 1
Are you registered as a waste carrier? (please tick) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If 'yes' please provide your carrier's registration number: CBDU188448
SECTION 3. TO BE COMPLETED IF APPLYING FOR A SITE LICENCE 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.
Details of prospective licence holder

<p>Title (please tick):</p> <p>Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/></p> <p>(please state): N/A</p>	<p>I am 18 years old or over. Please tick</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date of Birth: N/A</p>
<p>Surname:</p> <p>European Metal Recycling Limited</p>	<p>Forenames:</p>
<p>Position/Role in the business: N/A</p>	
<p>I attach a Basic Disclosure Certificate issued for the applicant by Disclosure Scotland¹:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – corporate applicant</p> <p>If you do not provide a disclosure certificate your application may be delayed or rejected.</p>	
<p>Contact details (we will use your business address to correspond with you unless you indicate we should use your home address)</p>	
<p>Business Address:</p> <p>Head office name or house name or number: Sirius House</p> <p>First line of address: Delta Crescent</p> <p>Town/City: Warrington</p> <p>Postcode: WA5 7NS</p>	<p>Telephone numbers:</p> <p>Daytime: 01925 715400</p> <p>Evening:</p> <p>Mobile:</p>
<p>Home address: N/A – corporate applicant</p> <p>House name or number:</p> <p>First line of address:</p> <p>Town/City:</p> <p>Postcode:</p>	<p>Email address (if you would prefer us to correspond with you by email):</p> <p>General email: info@emrgroup.com</p> <p>Email for application queries: compliance@emrgroup.com</p> <p>Please note that you must still provide us with a postal address</p>

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

<p>Partnerships (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)</p>	
<p>Full name: N/A</p> <p>Date of birth:</p> <p>Residential address:</p> <p>Basic Disclosure certificate attached: Yes <input type="checkbox"/> No <input type="checkbox"/> 2</p>	<p>Full name: N/A</p> <p>Date of birth:</p> <p>Residential address:</p> <p>Basic Disclosure certificate attached: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Companies (If you are applying as a company please provide the details set out below about the company)</p>	
<p>Company name: European Metal Recycling Limited</p> <p>Registration number: 02954623</p> <p>Address of the registered office: Sirius House, Delta Crescent, Westbrook, Warrington WA5 7NS</p>	
<p>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.</p>	
<p>Role: Please see Appendix 3 for Director's details</p> <p>Name:</p> <p>Date of Birth:</p> <p>House name or number:</p> <p>First line of address:</p> <p>Town/City: Postcode: Basic Disclosure certificate attached: Yes <input type="checkbox"/> No <input type="checkbox"/> 3</p>	<p>Role:</p> <p>Name:</p> <p>Date of Birth:</p> <p>House name or number:</p> <p>First line of address:</p> <p>Town/City: Postcode: Basic Disclosure certificate attached: Yes <input type="checkbox"/> No <input type="checkbox"/></p>

- 2 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.
- 3 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.

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: **Please see Appendix 1**

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 see Appendix 1
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 <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: N/A - Site Licence Application Only	Forenames:

I attach a Basic Disclosure Certificate issued for the applicant by Disclosure Scotland⁴:
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: House name or number: First line of address:	Telephone numbers: Daytime: Evening: Mobile:
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⁴ Further information about Basic Disclosure Certificates and Disclosure Scotland are set out in the explanatory notes accompanying this form.

Town/City: Postcode:	
Home address: House name or number: First line of address: Town/City: Postcode:	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
Where will scrap metal that has been purchased be stored before further disposal? House name or number: First line of address: Town/City: Postcode: Will not be stored <input type="checkbox"/>	
SECTION 5. MOTOR SALVAGE (For all applicants)	
Will your business consist of acting as a motor salvage operator? This is defined as a business that: <ul style="list-style-type: none"> • 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; • wholly or mainly involves buying written-off vehicles and then repairing and selling them off; and, • wholly or mainly buys or sells motor vehicles for the purpose of salvaging parts from them or repairing them and selling them off. (please tick) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Please see Section 3 Site Details sheet	
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: Please see Appendix 4 for bank account details Sort code: Account number:	Account name: Sort code: Account number:
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SECTION 7. PAYMENT (For all applicants)

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

Direct Debit (please complete separate direct debit form) Cheque

Preferred method of payment is debit/credit card payment – please advise if this is possible

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?

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:

See Appendix 5

SECTION 9. Tax Check

Please provide an up to date tax check from the HMRC.

Tax code: TC2 AK9 8M6

SECTION 10. 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:**