

SCRAP METAL DEALERS ACT 1964

APPLICATION FOR REGISTRATION AS A SCRAP METAL DEALER

I/We hereby give you notice that I/We (propose to) carry on the business of scrap metal dealer(s) in the area of the Council and hereby apply to be registered accordingly.

1 Full name of the dealer(s)

2 Address of dealer (or, if body corporate, of its registered or principle office).
Name of company secretary (where applicable).

3 Address of each place in Council's area which is, or will be, occupied as a scrap metal store.

4 If no place in the Council's area or elsewhere is or will be occupied as a scrap metal store, is the address given at 2 above your usual place of residence?
(If the answer is no, state your usual place of residence).

5 If you do not carry on or propose to carry on the business from the address given at 2 above state the address of the premises which are, or will be, occupied by you for the purpose of the business.

Signature of Applicant

Date of Application

SM002

Please return this form to:

Licensing Department, West Wiltshire District Council, Bradley Road, Trowbridge, BA14 ORD