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| **CIVIC GOVERNMENT (SCOTLAND) ACT 1982** | | | | | | | | | | | | | | | | | | | | | | Legal and Regulatory Support | | |
| **Application for a Grant of an Itinerant Metal Dealer Licence**  **(Please note where the applicant is an individual, please go to Section 1; where the applicant is a partnership, firm or Limited Company, please go to Section 2):** | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | **This section to be completed where the applicant is an individual:** | | | | | | | | | | | | | | | | | | | | | | | |
| (i) | Full Name: | | |  | | | | | | | | | | | | | | | | | |  | | |
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| (ii) | Home Address:  (Including full postcode and email address) | | |  | | | | | | | | | | | | | | | | | | | | |
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| (iii) | Telephone Numbers: | | | Home: | | |  | | | | | | | | | Mobile: | | | |  | | | | |
| (iv) | Date of Birth: | | | Day | | | Month | | | | | Year | | | | Place of Birth: | | | |  | | | | |
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| **2.** | **To be completed where the applicant is a partnership, firm or limited company:** | | | | | | | | | | | | | | | | | | | | | | | |
| (i) | Trading Name of  Business: | | | |  | | | | | | | | | | | | | | | | | | | |
|  | Business address:  (Including full postcode) | | | |  | | | | | | | | | | | | | | | | | | | |
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| (ii) | Business Telephone Numbers: | | | | | | | Business: | | | | | | | | | | | Mobile: | | | | | |
| **3.** | | Please provide the following details of all partners/directors involved in your firm, please note where there are more than 3 partners/directors, please complete their details to include full name, home address, date of birth and telephone numbers on an attached sheet of paper.) | | | | | | | | | | | | | | | | | | | | | | |
| (i) | | Full Name |  | | | | | | | | | | | | | | | | | | | | | |
|  | | Home Address:  (including Postcode) |  | | | | | | | | | | | | | | | | | | | | | |
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|  | | Date of Birth: | Day | | | | | | Month | | | | | Year | Home Telephone: | | | | | | | | Mobile: | |
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| (ii) | | Full Name |  | | | | | | | | | | | | | | | | | | | | | |
|  | | Home Address:  (including Postcode) |  | | | | | | | | | | | | | | | | | | | | | |
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|  | | Date of Birth: | Day | | | | | | Month | | | | | Year | Home Telephone: | | | | | | | | Mobile: | |
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| (iii) | | Full Name |  | | | | | | | | | | | | | | | | | | | | | |
|  | | Home Address  (Including Postcode) |  | | | | | | | | | | | | | | | | | | | | | |
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|  | | Date of Birth | Day | | | | | | | Month | | | Year | | Home Telephone: | | | | | | | | Mobile: | |
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| **4.** | | **Please give the name of the person responsible for the day to day running of business/managing the activity. If this person is not one of those named above, please also give:** | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Full Name |  | | | | | | | | | | | | | | | | | | | | | |
|  | | Home Address  (Including Postcode) |  | | | | | | | | | | | | | | | | | | | | | |
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|  | | Date of Birth | Day | | | | | | | Month | | | Year | | Home Telephone: | | | | | | | | Mobile: | |
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| **5.** | | **Criminal Convictions**  Subject to the provisions of the Rehabilitation of Offenders Act 1974, has any party named above been convicted of any crime or offence in any Court in the United Kingdom?  If YES, please give the following details: | | | | | | | | | | | | | | | | | | | | | | YES/NO  (please delete as applicable) |
|  | | Name: | | | | Date of Conviction: | | | | | Convicting Court: | | | | | | Details of Offence: | | | | | | | Sentence: |
| 1. | |  | | | |  | | | | |  | | | | | |  | | | | | | |  |
| 2. | |  | | | |  | | | | |  | | | | | |  | | | | | | |  |
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| **6.**  (i) | | **Other Licences:**  Has or does the applicant previously held, or currently hold, any type of Local Authority Licence? | | | | | | | | | | | | | | | | | | | | | | YES/NO  (please delete as applicable) |
|  | | If YES, please give the following details: | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Name: | | | | Type of Licence: | | | | | | | | Date Granted: | | | Expiry Date: | | | | | | Issuing Authority: | |
| 1. | |  | | | |  | | | | | | | |  | | |  | | | | | |  | |
| 2. | |  | | | |  | | | | | | | |  | | |  | | | | | |  | |
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| (ii) | Has the applicant ever applied for any type of Local Authority Licence/s and had their application refused: | | | | | YES/NO  (please delete as applicable) |
|  | If YES, please give the following details: | | | | |  |
|  | Name: | Type of Licence: | Date of Application: | Authority Name: | Reason for Refusal: | |
| 1. |  |  |  |  |  | |
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| **7.** | Does the applicant suffer from, or have any disability, allergy or other condition likely to affect their fitness to operate? | | YES/NO  (please delete as applicable) |
|  | If YES, please give the following details: | |  |
|  | Name: | Nature of Condition: | |
| 1. |  |  | |
| 2. |  |  | |
| 3. |  |  | |

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| **8. (i)** | **Activity Details:** | | | | | | | | |
| (ii) | Vehicle Motor Insurance | | | | | | | | |
| Please give full details of the policy held (**please also include a copy of this policy with your application**): | | | |  | | | | |
| Policy Expiry Date: | | | |  | | | | |
|  | **Declaration and Information**  Schedule 23 to Finance Act 2011 (Data Gathering Powers) and Schedule 36 to Finance Act 2008 (Information and Inspection Powers), grant HMRC powers to obtain relevant information from third parties. This includes licensing bodies being required to provide information about licence applicants.   * [www.gov.uk/register-for-self-assessment](https://www.gov.uk/register-for-self-assessment) * [www.gov.uk/corporation-tax](https://www.gov.uk/corporation-tax)   [www.gov.uk/income-tax/how-you-pay-income-tax](https://www.gov.uk/income-tax/how-you-pay-income-tax)  I declare that the particulars given by me on this form are true and I hereby make application to Argyll and Bute Council for the grant of the licence applied for above. I understand that I, or any person who, in connection with the making of this application makes any statement which I/they know 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 £2500.00.  I also confirm that, if granted a licence, I will comply fully with the conditions of that licence and have, previous to lodging this application, made myself familiar with the terms of Argyll and Bute Councils’ standard conditions pertaining to the licence.  **I confirm that I am aware of the content of HMRC guidance relating to my tax registration obligations.** | | | | | | | | | |
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|  | Signature of Applicant: | |  |  | |  | **Note – Please ensure your signature is within the marked box.** | | | |
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|  |  | | | | | | | | | |
|  | Date: | | |  | |  | | | | |
| **Notes:** | | | | | | | | | | |
| 1. | Any form lodged which has not been fully completed will be considered incompetent and returned to the applicant. | | | | | | | | | |
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| 2. | The completed form with the required supporting paperwork, as detailed over, must be lodged with: | | | | | | | | | |
|  |  | **The Head of legal and Regulatory Support**  **Argyll and Bute Council, Kilmory**  **Lochgilphead PA31 8RT** | | | | | |  | | |
| 3. | Please note that the Council may consider the application at a public meeting if there is a valid objection/representation made to the granting of a licence. A hearing of the PPSL Committee will be heard to determine whether the licence should be granted. If there is to be a hearing the applicant will be notified and will be invited to attend. | | | | | | | | | |
| 4. The information you have supplied on this form will be used for the purpose for which you have provided it and  any relevant procedures following from this.  A full privacy notice, which provides information about your rights under data  protection legislation and details about what will happen to your personal data, is attached for your information.  **Supporting Documentation:**  The following supporting documentation along with the appropriate fee MUST be lodged with the form otherwise the application will be considered incompetent and returned: | | | | | | | | | | |
| The fee of £617.00 - **please note that only payments made by cheque; debit card/mastercard or BACS are acceptable** (cheques made payable to Argyll and Bute Council);  Motor Insurance policy;  Proof of entitlement to work and previous convictions (if applicable) | | | | | | | | |  | |