FORM 1

SPELTHORNE
BOROUGH COUNCIL

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SCRAP METAL DEALERS ACT 1964

Application for Registration as a Scrap Metal Dealer (Section 1)

1. Name of applicant(s) ……

2. Applicants address ……..

   ……

3. Address of premises ……...

   ……..

4. Full name of dealer ……...

5. Usual place of residence (if individual) ……...

6. Registered or principal office (if body corporate) …….
   ……

I/WE HEREBY DECLARE that:-

*the address of each place in the area of the local authority which is (proposed to be) occupied by me/us as a scrap metal store has been listed in answer to question 3.

*no place is occupied by me/us as a scrap metal store, in the Spelthorne Borough or elsewhere, but my/our usual place of residence is within the area.

*that no place is occupied by me/us as a scrap metal store, in the Spelthorne Borough or elsewhere, but a place in the area is (proposed to be) occupied by me/us wholly or partly for the purposes of that business and that its address is as follows:-

DATED the day of 20……

(Signed) ……..

……..

(Title if signing on behalf of a body corporate)

Please return this form to:-
Environmental Health, Spelthorne Borough Council, Knowle Green, Staines Middx TW18 1XB
Tel no. 01784 446251 Fax 01784446437 E-mail pollution.control@spelthorne.gov.uk

*Delete as inapplicable.