

Blackpool Council

APPLICATION FOR REGISTRATION AS A DEALER IN SECOND HAND GOODS

Applicant Name:



Licensing Service
Blackpool Council
Municipal Buildings, PO Box 4
Blackpool, FY1 1NA

Contact

T: (01253) 47 8343 / 8570
F: (01253) 47 8372

www.blackpool.gov.uk

Schedule 2

Application for registration as a Dealer in Second Hand Goods under the County of Lancashire Act 1984

If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in **black** ink. You may wish to keep a copy of the completed form for your records.

I/We

apply for a Registration under the County of Lancashire Act 1984.

Part 1– Applicant details

(A) INDIVIDUAL APPLICANTS (complete as applicable)

Title:	Mr	Mrs	Miss	Ms	(Other)			
Surname					Forenames			
Please Tick								
I am 18 years old or over	Yes	No	Date of Birth			Day	Month	Year
Place of Birth								
Home Address								
						Post Code		
Telephone Number					Mobile Number			
E-Mail Address								

SECOND INDIVIDUAL APPLICANT IF APPLICABLE

Title:	Mr	Mrs	Miss	Ms	(Other)			
Surname					Forenames			
Please Tick								
I am 18 years old or over	Yes	No	Date of Birth			Day	Month	Year
Place of Birth								
Home Address								
						Post Code		
Telephone Number					Mobile Number			
E-Mail Address								

If there are any further applicants please enclose a sheet including the relevant details.

(B) OTHER APPLICANTS

Please provide name and registered address of the applicant in full. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned

Name											
Address											
								Post Code			
Telephone Number											
E-Mail Address											
Description of applicant (e.g. partnership, company, unincorporated association)											

Part 2– Premises Details

Please provide details of all the premises in which it is proposed to carry on the business of dealing in second hand goods.

Premises Name											
Type of Premises (e.g. Warehouse, Yard, Shop)											
Premises Address											
								Post Code			
Telephone Number of premises (if any)											

SECOND PREMISES IF APPLICABLE

Premises Name										
Premises Address										
						Post Code				
Telephone Number of premises (if any)										

If there are any further premises please enclose a sheet including the relevant details.

Part 3 – Goods to be sold

Please give details of the type of second hand goods you will be trading in. (e.g. antiques, electrical goods, motors, books)

Is it proposed to alter or carry out any process upon any second hand goods or articles before re sale.

Yes

No

Details	
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Part 4 – Directors and Partners

You must provide details of all company directors (if the business is a company), all partners (if it is a partnership), owners of the business or premises and all those responsible for the management of the business, including day to day management of the premises.

Please continue on a separate sheet if necessary

Title:	Mr	Mrs	Miss	Ms	(Other)					
Surname					Forenames					
<small>Please Tick</small>										
I am 18 years old or over	<small>Yes</small>		<small>No</small>		Date of Birth	<small>Day</small>	<small>Month</small>	<small>Year</small>		
Place of Birth										
					Post Code					
Telephone Number					Mobile Number					
E-Mail Address										

PREVIOUS APPLICATIONS

Has the applicant, or any person named in this application, previously applied for a similar registration?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Yes, Application Granted | <input type="checkbox"/> | Yes, Application granted and revoked |
| <input type="checkbox"/> | Yes, Application refused | <input type="checkbox"/> | No |

Please provide details of all previous applications (if any)

CONVICTIONS

Has the applicant or any person named in this application been convicted of a criminal offence?

Yes

No

If yes, please give the following details on a separate sheet:-

- Named person
- Date of conviction
- Court date
- Offence committed
- Penalty received

IT IS AN OFFENCE, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 5 – Signatures

I/we understand that the information provided, will be held by the Council on both computerised and manual files. This data may be made available on a public register if so required by relevant legislation. The data may also be disclosed to other departments within the Council and other organisations, but only in order to ensure compliance with relevant legislation, for identification purposes or to prevent or detect fraud or a crime.

Signature of applicant or applicant's solicitor or other duly authorised agent. If signing on the behalf of the applicant please state in what capacity.

Signed	
Print Name	
Capacity	
Date	

Signed	
Print Name	
Capacity	
Date	

Contact name (where not previously given) and address for correspondence associated with this application.

Title:							Mr	Mrs	Miss	Ms		
Forename(s)							Surname					
Address for Correspondence associated with this application												
							Post Code					
Telephone Number						Mobile Number						
E-Mail Address												

NOTES

The application fee is £205 (please note this fee is subject to change).

The application form and relevant fee must be returned to the Licensing Service at:

Municipal Buildings
 PO Box 4
 Blackpool
 FY1 1NA