

# LICENSING SERVICE

*For Office use only*

<b><i>LalPac Application No.</i></b>	
<b><i>Licence Number</i></b>	
<b><i>Renewal Date</i></b>	

## SCRAP METAL DEALERS ACT 1964

### APPLICATION FOR REGISTRATION AS A SCRAP METAL DEALER

***Applicants Name:***

Blackpool will be a Vibrant, Inclusive,  
Healthy, Safe and Prosperous Town



**Blackpool Council**

BUILDING A BETTER COMMUNITY FOR ALL

### Section A – Applicant Details

Title	Mr	Mrs	Miss	Ms	Other	
Forename(s)					Surname	
Company Name (if applicable)						

### Section B – Address(es)

<p>Address of applicant or, if body corporate, of its registered or principal office (if the business is a partnership, state name of partnership and, on separate sheet if necessary, name and place or residence of each other member of the partnership who is an individual and the name and registered or principal office of each member of the partnership who is a body corporate).</p>						
Address of Dealer						
		Postcode				
E-mail					Fax No.	
☎ Telephone Number					☎ Mobile Number	
<p>Address of each place in Council's area, which is, or will be, occupied as a scrap metal store.</p>						
Address 1						
		Postcode				
Address 2						
		Postcode				
<p>If no place in the Council's area or elsewhere is or will be occupied as a scrap metal store, is the address given above your usual place of residence? (if the answer is no state your usual place of residence)</p>						
Address						
		Postcode				

<b>If you do not carry on or propose to carry on the business from the address given above state the address of the premises which are, or will be, occupied by you for the purpose of the business</b>									
<b>Address</b>									
		<b>Postcode</b>							
<b>Do you carry on, or propose to carry on, the business as an itinerant collector?</b>									

**Section C – Declaration**

<b>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</b>			
<b>Signed</b>		<b>Date</b>	

The completed form should be returned to:-

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