

Scrap Metal Dealers Act 1964

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

Please return this form to:
 Food, Health and Safety Team
 North Dorset District Council
 Nordon
 Salisbury Road
 Blandford
 Dorset
 DT11 7LL

OFFICE USE ONLY		
Date received:		
Acknowledgement:	yes	no
Date sent:		
Officer:		

To **North Dorset District Council**

I/We,

of.....

[duly authorised in that behalf by

.....]

being a (proposed) Dealer in Scrap Metal in the area of the above-mentioned local authority
 HEREBY APPLY for registration of the following particulars under the provisions of the Scrap Metal
 Dealers Act 1964:

Full name of dealer

Usual place of residence (if individual);

.....

Registered or principal office (if body corporate)

.....

I/We hereby declare as follows:

(Delete as inapplicable.) 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 is as follows :

(Delete as inapplicable.) That no place is occupied by me/us as a scrap metal store, whether in area
 of the local authority or elsewhere, but my/our usual place of residence is within the area.

(Delete as inapplicable.) That no place is occupied by me/us as a scrap metal store, whether in the
 area of the local authority 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:

(Description if application made on behalf of body corporate.)