

Scrap Metal Dealer Registration

Please fill in all sections using capital letters

Applicant's name, in full	
Home Address (or registered/ principal office in the case of a company)	Post code: Telephone:
Address(es) of any place intended to be occupied as a scrap metal store	
Addresses of any other place to be used for this business	
If this business is a partnership, please give full name of each partner with home or registered/ principal office in the case of companies (continue on a separate sheet if needed)	

[I/ WE] CERTIFY that to the best of [my/our] knowledge and belief, the above particulars are true.

SIGNED:

Dated:

Please return to:

Licensing Unit, Commercial Team
Environmental Services Department
Wychavon District Council
Civic Centre, Queen Elizabeth Drive
Pershore, Worcestershire WR10 1PT

A licence granted under this legislation neither confers nor implies consent under Town and Country Planning legislation. Please contact our development control team for more information.

Note: We are under a duty to protect the public funds we administer and to this end may use the information you have provided on this form within this Council for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.