

Shetland Islands Council Civic Government (Scotland) Act 1982

FEE PAID	£
RECEIPT NO.	
DATE RECEIVED	
RECEIVED BY	

PLEASE COMPLETE IN BLOCK CAPITALS

APPLICATION FOR GRANT/RENEWAL OF LICENCE TO ACT AS A SECOND-HAND DEALER

To be completed if applicant is an individual

(do not complete section 2 if you fill in this section)

Full Name (including t		
Home Address		
Postcode		
Telephone Number		
Mobile Number		
E-mail		
Date of Birth		
Place of Birth		
Name and address of company or firm empl as a second-hand deaself employed	loying you to act	
Are you as the applicant going to carry out the day-to-day management of the business?		YES/NO
If no, give full name, a date of birth of any en so engaged		
		ant is a Committee Member, Company or Partnership 1 if you fill in this section)
	mplete section	• • •
(do not co	mplete section s/Partnership,	• • •
(do not co Full Name of Business etc Address of Registered	mplete section s/Partnership,	• • •
(do not co Full Name of Business etc Address of Registered Office	mplete section s/Partnership,	• • •
(do not co Full Name of Business etc Address of Registered Office Postcode	mplete section s/Partnership,	• • •
(do not co Full Name of Business etc Address of Registered Office Postcode E-mail Telephone Number Please Complete deta	mplete section s/Partnership, d or Principal	• • •
(do not co Full Name of Business etc Address of Registered Office Postcode E-mail Telephone Number Please Complete deta	mplete section s/Partnership, d or Principal	1 if you fill in this section) ors, Partners, Committee Office Bearers or other persons responsible
Go not co Full Name of Business etc Address of Registered Office Postcode E-mail Telephone Number Please Complete deta for the management of	mplete section s/Partnership, d or Principal	1 if you fill in this section) ors, Partners, Committee Office Bearers or other persons responsible
Full Name of Business etc Address of Registered Office Postcode E-mail Telephone Number Please Complete deta for the management of Full Name	mplete section s/Partnership, d or Principal	1 if you fill in this section) ors, Partners, Committee Office Bearers or other persons responsible

Date of Birth					
Place of Birth					
Position Held					
Full Name					
Home Address					
Postcode					
Date of Birth					
Place of Birth					
Position Held					
Place of Birth of the	person responsible for the day to	day managem	ent :	Date of Birth &	
The following ques	stions are to be answered by	/ ALL applica	nts		
	the business premises in ne dealing is proposed to take				
Days of the week and the hours during each day when it is proposed the premises will be open for the purposes of second-hand dealing		DAY	HOURS	BETWEEN	
		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday Saturday			
		Sunday			
		Sunday			
second-hand dealer, i months, etc.	is proposed to act as a .e. all year round or specific				
Nature of goods or an trade	ticles in which it is proposed to				

Is it proposed to alter or carry out any process upon any second-hand goods purchased in the course of dealing prior to re-sale?	
If yes, please give details.	

CRIMINAL CONVICTIONS

Has any party named in 1 or 2 above ever been convicted of ANY crime or offence? (This includes offences relating to second-hand dealing, contraventions of Bye-laws and ANY other conviction of any kind). If yes, subject to the provisions of the Rehabilitation of Offenders Act 1974, give particulars below. **If no, please write none below.**

Name	Date	Court	Offence	Sentence
PREVIOUS LICENCE				
Has any party named in 1 or 2 above previously held or do they currently hold a licence to act as a second-hand dealer?			YES/NO	
If YES, which Authority issued it?				
What was the reference number?				
When did/does it expire?				
Has any party named in 1 or 2 above ever been refused a licence to act as a second-hand dealer or had their licence suspended or revoked?		YES/NO		
If yes, when and which Authority refused, suspended or revoked the Licence?				

SITE NOTICE DECLARATION

* (A) I/We declare that I/we shall, for a period of 21 days commencing with the date on which the application was received by the Council, display at or near the premises so that it can conveniently be read by the public, a Site Notice complying with the requirements of Paragraph 2(3) of Schedule 1 to the Civic Government (Scotland) Act 1982.

OR

* (B) I/We declare that I am/we are unable to display a Site Notice of this application at or near the premises because I/we have no rights of access or other rights enabling me/us to do so, but that I/we have taken the following steps to acquire the necessary rights, namely:-

but have been unable to acquire those rights.

Delete (A) or (B) as appropriate.

Where declaration (A) is made there must be produced as soon as possible after the 21 day period a Certificate of Compliance with Site Notice in accordance with Paragraph 2(2) of Schedule 1 to the Civic Government (Scotland) Act 1982.

hereby make application to the	n by me on this form are correct to the best of my knowledge and belief. I Council for the granting/renewal * of a licence to act as a second-hand the general conditions relating to the licensing of second-hand dealers. I on fee.
Date	
Signature	
Print Name	
On behalf of (Complete where you are applying on behalf of a Company or Partnership)	
Position	
(Position of applicant in Company or Partnership if not otherwise stated)	

Note: Any person who in or in connection with the making of this application makes any statement which he knows to be false or recklessly makes any statement which is false in a material particular shall be guilty of an offence and liable, on summary conviction, to a fine not exceeding £2,500.

Data Protection:

Shetland Islands Council will use the information about you on this form to process your licensing application. In processing your application, the information you have provided may be shared between Council departments and with other agencies where necessary. By signing this form you consent to the Council sharing your information in this way. The Council has a duty to process your information fairly and in accordance with the provisions of the Data Protection Act 1998. We will ensure that the information we hold is accurate, up to date, is kept as long as necessary and is otherwise shared only where we are legally obliged to do so. You can request access to the personal information held about you by the Council by writing to the Head of Governance and Law, Legal Department, 8 North Ness Business Park, Lerwick, Shetland.

This form is to be lodged with Environmental Health, Gutters Hut, 7 North Ness, Lerwick, Shetland, ZE1 0LZ. Please note the fee is an application fee; it will not be refunded in the event of the licence application being either withdrawn or refused.