

SOUTH LAKELAND DISTRICT COUNCIL
Central Services Directorate

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SCRAP METAL DEALERS ACT 1964

APPLICATION FOR (PLEASE DELETE AS APPROPRIATE):

- REGISTRATION
- RENEWAL OF REGISTRATION

1. Full name of dealer:
2. Address: Telephone Number:
3. Address of registered office if company:
4. The place(s) intended to be occupied as a scrap metal store:
5. If no place(s) is intended to be occupied as a scrap metal store, give details of any place intended to be occupied wholly or partly for the business of a scrap metal dealer:
6. If you intend to carry on business in partnership with another person, please give name of that other person:
7. Place of residence of each member of the partnership:
8. Registered or principal office of each other member of the partnership if that partner is a company:

Signature:.....

Date:.....