

REGISTRATION AS A DEALER IN SECOND HAND GOODS

APPLICATION FORM

County of Lancashire Act 1984

I / We (insert name of applicant) make application under the provisions of Section 26 of the above Act to be registered by Preston City Council as a person carrying on the business of a dealer in second-hand goods.

PART 1- APPLICANT DETAILS

Please state the capacity in which you are applying for a second hand goods registration by ticking the appropriate box:

- | | | |
|--|--------------------------|-----------------------------|
| a) an individual or individuals | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual | <input type="checkbox"/> | please complete section (B) |
| i. as a limited company, | <input type="checkbox"/> | please complete section (B) |
| ii. as a partnership, | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association, | <input type="checkbox"/> | please complete section (B) |
| iv. other | <input type="checkbox"/> | please complete section (B) |

SECTION A - INDIVIDUAL APPLICANTS

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
Surname					
Forename					
Date of Birth /..... /.....				
Home address					
Post Town			Post Code		
Telephone			Mobile		

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
Surname					
Forename					
Date of Birth /..... /.....				
Home address					
Post Town			Post Code		
Telephone			Mobile		

If there are any further applicants please enclose a sheet including the relevant details.

SECTION B - OTHER APPLICANTS

Please provide name and registered address of the applicant in full. If the application is made by or on behalf of a limited company, the names and private addresses of the directors or other persons directly or indirectly responsible for the management thereof should be provided.

Name of company/association (if applicable)			
Registered or Principal Office Address			
Post Town			
Post Code			
Telephone		E-Mail address	
Description of applicant (e.g. partnership, company, unincorporated association)			

The names and address of the directors should be provided in the boxes overleaf:

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
Surname					
Forename					
Date of Birth /..... /.....				
Home address					
Post Town			Post Code		
Telephone			Mobile		

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
Surname					
Forename					
Date of Birth /..... /.....				
Home address					
Post Town			Post Code		
Telephone			Mobile		

If there are any further applicants please enclose a sheet including the relevant details.

PART 2 - PREMISES DETAILS

Please provide address details of **all the premises / places** in the Council area that are used for the purposes of the business e.g. Preston Outdoor Market.

Premises Name					
Premises Address					
				Post Code	
Telephone Number of premises (if any)					

SECOND PREMISES (IF APPLICABLE)

Please provide details of any other premises in the council area that are used for the purposes of the business.

Premises Name			
Premises Address			
		Post Code	
Telephone Number of premises (if any)			

If there are any further premises please enclose a sheet including the relevant details.

PART 3 – GOODS TO BE SOLD

Please give a description of the goods to be sold:

PART 4 – SIGNATURES

- I have made or enclosed the sum of £.....being the fee payable on this application.
- I understand that if I do not comply with the above requirements my application may be rejected.
- I confirm that once registered, I will comply with all the provisions of Section 26 of the County of Lancashire Act 1984.

**Signature of applicant (s) or applicant's solicitor or other duly authorised agent.
If signing on the behalf of the applicant, please state in what capacity.**

Signed	
Print Name	
Capacity	
Date /..... /.....

Signature of second applicant if applicable

Signed	
Print Name	
Capacity	
Date /..... /.....

This form should be completed and returned to: -

Licensing Services
Preston City Council
Environmental Health Department
Town Hall
Lancaster Road
Preston
PR1 2RL

Preston City Council will use your information in a manner compatible with the GDPR. Any disclosures or sharing of information will only take place where permitted by law. For further information please see our privacy notice at: <http://www.preston.gov.uk/thecouncil/data-protection-and-freedom-of-information/privacy-notice/>

OFFICE USE ONLY:

Fee receipt number	Officer name

Registration number issued by Licensing Section

Data Protection Act

The information on this form is passed on to Lancashire Constabulary for the following purposes: The County of Lancashire Act 1984