

SCHEDULE 1

Form 1
(Regulation 2(1))

APPLICATION FOR A SCRAP METAL DEALER'S LICENCE
(Section 7(2) (b))

1. Full Name (including any aliases) and address of Applicant:.....
.....

*In the case of a Company, the applicant must hold a financial interest in the company as shareholder.

2. Date of Birth:.....

3. Phone:..... Fax:.....

4. Email:..... Tax Identification Number:.....

5. Occupation:.....

8. Does proposed licensee have experience in the conduct of scrap metal trade?

YES/NO

9. If so, provide details:.....

10. Is the proposed licensee directly or indirectly interested in or concerned with any other licence under the Decree? YES/NO

11. If so, provide details:.....

12. Has the proposed licensee ever held a licence under the Decree? If, so provide details:.....

13. Has the proposed licensee ever had a licence cancelled, or an application for a licence rejected under the Decree? If, so provide details:
.....

14. Address/Location of Principal and every other place of Business:
.....

15. Trading name of Proposed Licensed Premises:.....

16. Nature of Business Associated with Licence applied for (e.g recycler, buyer/seller):
.....

17. Will any other person or entity have a financial interest in the Business? If so provide details:.....

18. Has the Applicant ever been convicted for an offence or has been charged and case is pending in court? YES/NO. If Yes, please provide details.....

19. Has the Applicant ever been the subject of any action pursuant to the provisions of the Bankruptcy law? YES/NO. If so, provide details:.....

I,..... the Applicant described above, apply for the grant of the above licence.

Signature of Applicant:.....

Date:.....

FOR OFFICIAL USE ONLY

1. Date application received:.....

2. Fee paid. Revenue Receipt No.....