|  |  |
| --- | --- |
|  | Falkirk Council Licensing UnitFoundry4 Central ParkCentral BoulevardLarbertFK5 4RUTelephone: 01324 501575E- mail: licensing@falkirk.gov.uk |

**Civic Government (Scotland) Act 1982**

**Application for variation to a Second Hand Dealer Licence**

**Notes;**

1. The application form is split into two parts and should be completed as follows:-
	* Part A of the application form relates to the existing licence, this part requires to be fully completed.
	* Part B of the application form relates to the variation of the licence, complete the parts applicable to the variation.

**PART A**

**EXISTING LICENCE DETAILS**

**Question 1**

|  |  |
| --- | --- |
| Licence Number |  |
| Expiry Date of Licence |  |

**Question 2**

Details of current licence holder

|  |  |
| --- | --- |
| (a) Name on licence |  |
| (b) Address on current licence |  |
| (c) Name and address of current day to day manager (if applicable) |  |

**Question 3**

Premises

|  |  |
| --- | --- |
| (a) Trading name (if any) and address of premises to which licence relates |  |

**PART B**

**VARIATION DETAILS – COMPLETE PARTS WHICH ARE APPLICABLE**

**Question 4**

Change of day to day manager

|  |  |  |
| --- | --- | --- |
| Full Name | Private Address | Date and Place of Birth |
|  |  |  |

|  |  |
| --- | --- |
| E-mail Address |  |
| Mobile Telephone Number |  |
| Home Telephone Number |  |
| Works Telephone Number |  |

**Question 5**

Change of directors/partners

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Date of Birth | Address | Add or delete |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Question 6**

|  |  |
| --- | --- |
| Has any person named in questions 4 or 5 lived outwith the United Kingdom for a period of six months or more within the last 10 years?  | YES/NO\* |

If yes you are required to provide a Criminal Record Check/verification from the Embassy of the country you resided in. Information on how to obtain this is contained within the guidance notes.**Ques**

**Question 7**

State below particulars of all current convictions, conditional offers and/or fixed penalties within or outwith the UK recorded against any person named in questions 4 or 5 above.

NB failure to disclose **all** **current** convictions etc may result in your application being returned to you. If none state none.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Name | Court or Country outwith the UK | Offence | Sentence / Penalty |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Question 8**

Change in operating hours.

|  |  |  |
| --- | --- | --- |
| **Day** | **Existing** | **Proposed** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

**Question 9**

Details of any other variation proposed.

 **Date:­­­­­­­­­­­­……………………… Signature of applicant: ………………………………………………..**

 **or agent**

 **Agents address: ………………………………………………………..**

 **…………………..………………………………………………………**

 **Contact Telephone Number:…………………………………………..**

Please indicate where all correspondence should be sent to applicant/agent/manger. Also where possible provide e-mail address for correspondence where appropriate.

Applicant □ Agent □ Manager □

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your privacy is important to us. You can find out how we deal with your personal information here <http://www.falkirk.gov.uk/privacy/law-licensing/licensing/>

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud.  It may also share this information with other bodies administering public funds solely for these purposes.