

KENT COUNTY COUNCIL ACT 2001

DEALERS IN SECOND-HAND GOODS

REGISTRATION FORM FOR "NEW APPLICATIONS"

"Before Completion Please See Notes on Reverse"

Please use **BLOCK LETTERS**



SECTION ONE - TO BE COMPLETED BY ALL APPLICANTS

1. Business/trading name (if any): _____
2. Business/trading address (if any): *Note: A separate registration is required for every address* _____

_____ Post Code: _____ Tel No: _____
3. Business description (i.e. Antiques, Motor, General, etc): _____
4. If no fixed trading address please state usual place(s) of business (eg bootfairs, markets): _____

SECTION TWO - TO BE COMPLETED IF BUSINESS IS A LIMITED COMPANY

1. What is the full title of the company: _____
2. What is the address of the Registered Office: _____
_____ Post Code: _____
3. Correspondence address if different from above: _____
_____ Post Code: _____

SECTION THREE - TO BE COMPLETED IF NOT A LIMITED COMPANY (Note: private addresses will not be stated on registration certificate)

1. Please provide the following details of ownership:-
Full name of owner (including all forenames): _____
Date of Birth: _____
Address: _____
_____ Post Code: _____
2. Are there any partners in the business: YES NO
3. If "YES" please provide details of all partners on the reverse of this form.

SECTION FOUR - TO BE COMPLETED BY ALL APPLICANTS

I have read and understood the information provided. I can confirm that a similar application has not been made to Medway Council. (Single application covers both areas)

Signed: _____ **Owner / Director / Secretary** (please delete as appropriate)

Full Name of person signing application: _____

Date: _____ Contact Tel No (in case of any queries): _____

Completed forms to be sent to Trading Standards, PO Box 320, Ashford, Kent TN24 8XU.

DETAILS OF PARTNERS:-**1)**

Full name of owner (including all forenames): _____

Date of Birth: _____

Address: _____

Post Code: _____

2)

Full name of owner (including all forenames): _____

Date of Birth: _____

Address: _____

Post Code: _____

3)

Full name of owner (including all forenames): _____

Date of Birth: _____

Address: _____

Post Code: _____

4)

Full name of owner (including all forenames): _____

Date of Birth: _____

Address: _____

Post Code: _____

NOTES TO ASSIST IN THE COMPLETION OF THIS FORM:-**Section One**

1. Only enter details of a trading name (e.g. Brown's Antiques). If you trade in your own name or as a Limited Company, please leave blank.
2. Please note that a separate registration is required for each business premises that you wish to register. Please remember to enter your postcode. Do not enter addresses outside of Kent.

Section Three

3. We need a contact address in relation to each partner. Private addresses will not be shown on certificates. A business address, a PO Box number used by the business, or any address where post will be accepted on behalf of the owner(s) will be acceptable.

Completed forms to be sent to Trading Standards, Kroner House, Eurogate Business Park, Ashford, Kent TN24 8XU.
Fax: 01233 898826