

Greater Manchester Act 1981

Application for registration as a dealer in second hand goods



*** Please note that a separate application must be made for each individual trading outlet ***

Type of Application

First Grant

Renewal of Existing Registration

Sole Trader or Partnership

Trading Name	
Business Address (including postcode)	
Contact Telephone Number	
Email Address (if any)	
Name of Sole Trader, or names of all Partners	1.
	2.
	3.
	4.

Limited Company

Name of company	
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Address of registered office (including postcode)	
Company number	
Trading name under which business operates (<i>if different from company name</i>)	
Business Address (including postcode)	
Contact Telephone Number	
Email Address (if any)	
Manager / contact name for enquiries relating to this registration	

Goods to be sold

Brief details of the type of second hand goods to be sold

I certify that the above particulars are correct and I make application to be registered as a dealer in second hand goods.

Signature	
Print Full Name	
Position	
Date	

For further information or advice please contact the Licensing Section:-

- Telephone: (01942) 404627
- Fax: (01942) 827298
- Email: Licensing@wigan.gov.uk

Completed applications should be sent to:

The Licensing Section, Town Hall, Library Street, Wigan, WN1 1YN

For Office Use Only

Date Rec'd	<input type="text"/>	Officer dealing with application	<input type="text"/>
LalPac No.	<input type="text"/>	Date Ack'd	<input type="text"/>
Date Registration Iss'd	<input type="text"/>	Date Registration Expires	<input type="text"/>
Registration No.	SHG	Date details passed to Crime & Community Team	<input type="text"/>

Notes:-