



ISLE OF MAN OFFICE OF FAIR TRADING

**CHAPMAN'S ACT 1971
CHAPMAN'S (LICENCE) REGULATIONS 1997**

*The Slieau Whallian
Foxdale Road
St John's
Isle of Man
IM4 3AS
Tel: (01624) 686500*

APPLICATION FOR A LICENCE

CHAPMAN

Email: iomfairtrading@gov.im

DETAILS

Name: *(a separate application must be completed for each person who intends to go from house to house)*

Current address:

Postcode:

Place of Birth:

DOB: *(DD/MM/YYYY)*

If the applicant is employed by a body corporate please supply:

Registered Office Address:

Postcode:

Company Secretary Name:

Current address:

Postcode:

Place of Birth:

DOB: *(DD/MM/YYYY)*

Company Directors Name: *(add additional directors to a separate sheet)*

Current address:

Postcode:

Place of Birth:

DOB: *(DD/MM/YYYY)*

If the applicant is themselves a body corporate please supply:

Registered Office Address:

Postcode:

Company Secretary Name:

Current address:

Postcode:

Place of Birth:

DOB: *(DD/MM/YYYY)*

Company Directors Name: *(add additional directors to a separate sheet)*

Current address:

Postcode:

Place of Birth:

DOB: *(DD/MM/YYYY)*

DETAILS contd.

4a Full address of the applicant's place of business outside the Isle of Man:

Postcode:

Add additional addresses to a separate sheet if necessary.

b How long have you operated from the above address(es)

c Describe the type of business carried on from the above address(es), i.e. import, wholesale, retail etc.

5 If any of the persons named on this form have changed their names by deed poll, marriage or other means or have used other names, give full details:

Title:

Full previous name:

Full Current name:

6a Give details of any Isle of Man Chapmen's Licence previously or presently held by any person named on this form:

b Give details if any person mentioned on this form has ever has a Chapmen's Licence refused, cancelled or withdrawn:

Full name:

7 Has the applicant or, to your knowledge, anyone else named on this form:
been convicted of any offence involving fraud or other dishonesty or violence in any part of the British Isles or the Republic of Ireland within the last 10 years,
or
been convicted under any consumer protection legislation such as the Trade Descriptions Act, Consumer Protection Act or Price Marking Act or under orders or regulations made under those Acts?

YES / NO *(If yes please give full details)*

BUSINESS DETAILS

8 Name under which the business is to be carried on in the Isle of Man (if different from than given in Question 1):

9a Full address of the applicant's intended place of business in the Isle of Man if using fixed premises:

Postcode:

Add additional addresses to a separate sheet if necessary.

b Place at which authorised representative will be temporarily resident in Isle of Man during licensed period:

Postcode:

Add additional addresses to a separate sheet if necessary.

10 Please provide full details of the type of goods to be purchased (use separate sheet if necessary)

11 Please state the full names and addresses of any other person(s) not already named on this form who will be employed by the applicant on the Island:

Postcode:

Add additional addresses to a separate sheet if necessary.

PAYMENT

Payment of £72 is submitted in the following form:

Cheque

(made payable to "Isle of Man Government")

Card payment

(this can be arranged at our public counter or call (01624) 686500 to make a payment over the phone)

BACS:

Bank: Isle of Man Bank
Sort Code: 55-91-00
Account Number: 12545384
Please quote "**OFTCL**" and your surname
as the reference

PERSONAL DATA

- 1** The Office of Fair Trading is a controller for the purposes of the 2018 Data Protection Legislation and requires the information on this form to comply with its legal obligations under The Chapman's Act 1971. Your personal information will be held by the OFT for the purposes of processing this application.
- 2** Some of the information you provide, will be included in a publicised list.
- 3** Details of how and why the OFT processes your personal information are contained in our privacy policy, found here: <https://www.gov.im/oft>
- 4** The Data Protection Officer can be contacted on **(01624) 686781** or by email at DPO-OFT@gov.im

DECLARATION

I hereby declare that the above stated particulars are correct in all aspects:

Signed: Date: ____/____/____

Email: Telephone:

Please send completed forms to the Office of Fair Trading at the address on the first page.

If you would like this form in an alternative format, please contact us

NOTES

- 1** This form when completed should be returned to the address on the front cover.
- 2** Please provide a copy of your current public liability insurance certificate.
- 3** Please provide a copy of any advertisement likely to be published in connection with the proposed venture.
- 4** The application will not be processed until receipt of payment.