

STREET TRADING CONSENT APPLICATION (ONE-OFF EVENT)

APPLICANT DETAILS Please complete / amend as appropriate

Title:	<input style="width: 95%;" type="text"/>	Home Telephone:	<input style="width: 95%;" type="text"/>
Forename(s):	<input style="width: 95%;" type="text"/>	Mobile Telephone:	<input style="width: 95%;" type="text"/>
Surname:	<input style="width: 95%;" type="text"/>	Trading Name:	<input style="width: 95%;" type="text"/>
Home Address:	<input style="width: 99%;" type="text"/>		
Email:	<input style="width: 99%;" type="text"/>		

BACKGROUND Please circle / cross out as appropriate

Have you ever been refused registration or consent to trade in the past, either here or in any other area? <i>(If 'Yes' please provide full details)</i>	Yes / No
---	----------

DETAILS OF EVENT

I, being the above named applicant, hereby apply for grant / renewal of a street trading consent in respect for the following:-

Name of Event:	<input style="width: 99%;" type="text"/>		
Date(s) of Event:	<input style="width: 95%;" type="text"/>	Times of Event:	<input style="width: 95%;" type="text"/>
Is the event for charitable purposes:	Yes / No	If yes name & registered charity number:	<input style="width: 95%;" type="text"/>
Address of Event Location (please also submit a plan showing exact location of traders):	<input style="width: 99%;" type="text"/>		

Please continue overleaf ...

DETAILS OF TRADERS

Name & Address	Products Sold	If Food/Drink – Local Authority registered with for Food Safety

Continue on separate sheet if necessary

ENCLOSURES

I have enclosed the following with my application:

- Public Liability Insurance Certificate for all traders
- Plan showing the location of each trader
- Proof of eligibility to work in the UK
- Land Owner's consent to trade
- Authorisation to fund-raise on behalf of the charity (if applicable)

DECLARATIONS

Please complete as appropriate

Data Protection: We may use personal information about you to process your application for a licence and maintain the Council's customer records, to carry out our licensing functions including correspondence and enforcement and/or to prevent or detect crime (including participation in the National Fraud Initiative). For these purposes, we may share your personal information with, and obtain information about you from, other parts of the Council or outside organisations.

I that to the best of my knowledge and belief, the information given above and any other information given in connection with this application is true. If a licence is granted, I undertake to comply with the conditions attached to the licence.

Signed:

Name:
(in CAPITALS)

Date:

NB: IT IS A CRIMINAL OFFENCE TO MAKE, KNOWINGLY OR RECKLESSLY, A FALSE STATEMENT OR OMIT ANY INFORMATION FROM THIS APPLICATION

OFFICE USE ONLY

To be completed by licensing officer only

Type	Code	Fee	Receipt No	Payment Method
Application Fee	2211 80033	£		