STREET TRADING CONSENT APPLICATION (REGULAR TRADER)

APPLICANT DETAILS Please complete / amend as appropriate					
Title:		Home Telephone:			
Forename(s):		Mobile Telephone:			
Surname:		Trading Name:			
Home Address:					
Email:					
BACKGROUN	D		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? (If 'Yes' please provide full details)		Ye	es / No		
DETAILS OF BUSINESS					
I, being the above named applicant, hereby apply for grant / renewal of a street trading consent in respect for the following:-					
Products to be sold	:	Address of Location you also submit a plan sho	ou wish to trade from (please wing exact location):		
	k – Name of Local Authority				
business is registered with for Food Safety					
Times you wish to trade MONDAY					
	TUESDAY				
	WEDNESDAY				
	THURSDAY				
	FRIDAY				
	SATURDAY				
	SUNDAY				

Please continue overleaf ...



VEHICLE / STALL	DETAILS		Please complete / amend as appropriate		
Will you be trading from vehicle					
II	YES		IF NO		
Vehicle Registration	:	Description of Stall:			
Make	:				
Mode	l:				
Address where vehicle stall kept overnight					
ENCLOSURES					
I have enclosed the following	ng with my application:				
☐ Public Liability Insurance Certificate					
☐ Plan showing the location I wish to trade in					
☐ Proof of eligibility to wor	k in the UK				
☐ Landowner's consent to	trade				
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.					
of my knowledge and be	lief, the information give	en above and any other infor	appropriate) and that to the best mation given in connection with the conditions attached to the		
Signed:					
Name: (in CAPITALS)		Date:			
NB: IT IS A	CRIMINAL OFF	ENCE TO MAKE, K	NOWINGLY OR		
RECKLESSLY, A FALSE STATEMENT OR OMIT ANY INFORMATION					
FROM THIS APPLICATION					
	-				
OFFICE USE ONL	Y	Fee Receipt	To be completed by licensing officer only t No Payment Method		