

## **Street Trading Application Form**

## **LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982**

The form must be completed in full before it will be accepted. incomplete forms will be rejected

1. APPLICATION TYPE
□ Street Consent – 1 Day
□ Street Consent – 1 Month
□ Street Consent – 6 Months
□ Street Consent – 1 Year
□ Street Consent – Seasonal (3 months)
□ Street Trading Licence – 1 Year
2. APPLICANT DETAILS (if applying as an individual)
Full Name:
Email Address:
Contact Number:
Address:
Date of Birth:
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3. BUISNESS DETAILS (if applying as a Business)
Registered Business Name:
Registered Business Name:
Registered Business Name:  Companies House Number:
Registered Business Name:  Companies House Number:  Trading Name:
Registered Business Name:  Companies House Number:  Trading Name:  Business Address:
Registered Business Name:  Companies House Number:  Trading Name:
Registered Business Name:  Companies House Number:  Trading Name:  Business Address:
Registered Business Name:  Companies House Number:  Trading Name:  Business Address:  Main Contact Name:
Registered Business Name:  Companies House Number:  Trading Name:  Business Address:  Main Contact Name:  Email Address:



List below all goods and services you want to offer to sell: Continue on separate sheet if necessary		
•		
Where will goods be stored wher	n not on sale:	
Are you registered as a food bus	iness?	
□Yes □No		
(If answering 'yes' please give details be	elow)	
Local authority where you are reg	gistered:	
Registration Number:		
	list of consent and prohibited streets	
State below the exact location of	where you wish to trade	
6. DAYS AND TIMES		
State below the exact days and t	imes you wish to trade	
□ Monday – From:	То:	
□ Tuesday – From:	То:	
□ Wednesday – From:	То:	
□ Thursday – From:	То:	
□ Friday – From:	То:	
□ Saturday – From:	То:	
	10.	
□ Sunday – From:	To:	



Will you be using a vehicle in connection with your work?
□Yes □No (If answering 'yes' please give details below)
Make:
Model:
Colour:
Registration Number:
Description of vehicle, stall and/or container which you intend to trade, including dimensions:
Where will the vehicle, stall and/or container be stored when not in use?
Does your vehicle, stall and/or container require a generator?
☐Yes ☐No  If yes, please state below the type:
m yes, piease state below the type.
8. PUBLIC LIABILITY INSURANCE  De you have public liability incurance?
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Do you have public liability insurance?
Do you have public liability insurance? □Yes □No
Do you have public liability insurance?  ☐Yes ☐No  Provide details of the policy
Do you have public liability insurance?  ☐Yes ☐No  Provide details of the policy  Insurance Company:
Do you have public liability insurance?  □Yes □No  Provide details of the policy  Insurance Company:  Policy Number:
Do you have public liability insurance?  Yes No  Provide details of the policy Insurance Company:  Policy Number:  Period Cover:
Do you have public liability insurance?  Yes No  Provide details of the policy  Insurance Company:  Policy Number:  Period Cover:  Amount of cover (in millions): £
Do you have public liability insurance?  □Yes □No  Provide details of the policy  Insurance Company:  Policy Number:  Period Cover:  Amount of cover (in millions): £  9. PREVIOUS APPLICATIONS  Have you or any person named in or associated with this application, previously applied
Do you have public liability insurance?  □Yes □No  Provide details of the policy  Insurance Company:  Policy Number:  Period Cover:  Amount of cover (in millions): £  9. PREVIOUS APPLICATIONS  Have you or any person named in or associated with this application, previously applied for a similar licence or registration?
Do you have public liability insurance?  ☐Yes ☐No  Provide details of the policy  Insurance Company:  Policy Number:  Period Cover:  Amount of cover (in millions): £  9. PREVIOUS APPLICATIONS  Have you or any person named in or associated with this application, previously applied for a similar licence or registration?  ☐ No
Do you have public liability insurance?  Yes No  Provide details of the policy Insurance Company:  Policy Number:  Period Cover:  Amount of cover (in millions): £  9. PREVIOUS APPLICATIONS  Have you or any person named in or associated with this application, previously applied for a similar licence or registration?  No  Yes – Application Granted



State the Local authority:
10. CONVICTIONS
Have you or any person named in or associated with this application, been convicted of
any crime or offence?
Vac D. No D.
Yes No
If answering 'yes' please state below all convictions and offences, dates of offences and disposals:
(continue on separate sheets if necessary)
11. DECLARATION
I am aware of the provisions of The Local Government (Miscellaneous Provisions) Act
1982 concerning street trading. The details contained in the application form and any
attached documentation are correct to the best of my knowledge and belief
Full Name:
Consoitu
Capacity:
Date:
Buto.
Signature:
Privacy Notice
All personal information that you provide us is managed in accordance with our Privacy
Policy. Please visit the Privacy Notice for Community - Regulation and Enforcement on
our website where you can find out information about how we handle your information and

your rights of access