**STREET TRADING**

**London Local Authorities Act 1990 Part III**

**APPLICATION FOR A STREET TRADING LICENCE (SHOPFRONT/MOBILE VEHICLE)**

**Please complete all relevant sections of this form ensuring that answers are clear and legible.**

|  |  |
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| **SECTION 1 – APPLICANT** | |
| Shop Name |  |
| Shop Address  (or static location of mobile vehicle) |  |
|  | |
| If the applicant is an individual/sole trader, please complete section **1A** | |
| If the applicant is a partnership, please complete sections **1B** and **1D** | |
| If the applicant is a limited company or other organisation, please complete sections **1C** and **1D** | |

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| **1A – INDIVIDUAL APPLICANT** | | |
| Mr/Mrs/Miss/Ms/other | | Surname: |
| First Name(s): | | |
| Full Home Address: |  | |
| Personal Telephone Number: | | |
| Email Address: | | |
| Date of Birth: | | |

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| **1B – PARTNERSHIP  *provide details of all partners (continue on separate sheet if necessary)*** | | | |
| **Partner** | | | |
| Mr/Mrs/Miss/Ms/other | | | Surname: |
| First Name(s): | | | |
| Full Home Address: |  | | |
| Personal Telephone Number: | | | |
| Email Address: | | | |
| Date of Birth: | | | |
| **Partner** | | | |
| Mr/Mrs/Miss/Ms/other | | | Surname: |
| First Name(s): | | | |
| Full Home Address: |  | | |
| Personal Telephone Number: | | | |
| Email Address: | | | |
| Date of Birth: | | | |
| **1C – LIMITED COMPANY/OTHER** | | | |
| Nature of organisation: | | | |
| Full name of the organisation: | | | |
| Company registration number/Registered charity number: | | | |
| Registered Office address: | | | |
| Telephone Number: | | | |
| Email address: | | | |
| **Director/Trustee/etc.** (please state) | | | |
| Mr/Mrs/Miss/Ms/other | | Surname: | |
| First Name(s): | | | |
| Full Home Address: | | | |
| Contact Telephone Number: | | | |
| Date of Birth: | | | |

**PLEASE CONTINUE ON A SEPARATE SHEET IF NECESSARY**

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| **SECTION 1D – DESIGNATED MANAGER**  ***Partnerships, limited companies and other organisations must designate a manager to be in day to day charge of the licenced area*** |
| Mr/Mrs/Miss/Ms/other Surname: |
| First Name(s): |
| Full Home Address: |
| Contact Telephone Number: |
| Date of Birth: |

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| **SECTION 2 – TRADING** | | | |
| What type of licence are you applying for? | Shopfront licence  Tables & chairs  Mobile vehicle (static location) | | |
| **Note: If you are applying for a tables and chairs licence, please provide a basic plan of the proposed seating area, clearly indicating the number of tables and chairs** | | | |
|  | | | |
| Describe the goods or services to be offered for sale |  | | |
|  | Day | Opening hour | Closing hour |
| Indicate trading days and opening hours | Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday |  |  |
| What size trading area do you require?  *\*Subject to approval and measurement by an officer of the Council* | Display depth | | |
| Up to 1m |  | |
| 1m to 2m |  | |
| Officer Comments  Office USE ONLY | Other |  | |

**ADDITIONAL INFORMATION**

Please ensure that you provide the following with this application form:

* Proof of valid public liability insurance with minimum liability cover of at least £2,000,000 (two million pounds)
* Proof of a current commercial waste collection contract
* A copy of photo id
* Proof of home address for any person named on the application form
* For mobile vehicles on private land: proof of landlord’s consent
* Proof of right to work in the UK for any person named on the application form including an individual, applicant, designated manager, or assistant (only applicable for mobile vehicles). For further information on the type of documents you are required to provide, please visit the [GOV.UK website](https://www.gov.uk/prove-right-to-work) for more information
* An email/letter from the Food Safety team (of the issuing authority), confirming you have completed a Food Business Registration and have been added to the database

**Your application will not be processed if you fail to provide all necessary documents. You will be charged an additional administration fee of £30 if we need to contact you more than once to request any additional information.**

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| **SECTION 4 – DECLARATION** |
| |  | | --- | | ***I/We* declare that the information contained in this application form and any attached documents is correct to the best of my/our knowledge and belief.** | |

**Please submit completed forms by e-mail to:** [streettrading@lbbd.gov.uk](mailto:streettrading@lbbd.gov.uk)

**DATA PROTECTION STATEMENT**

**The applicant is advised that the information provided in this form may be shared with other persons at the discretion of the Council.**

**The information provided in this form may be used for the prevention and detection of fraud. Information may also be disclosed to the UK Border Agency or HMRC if those bodies make appropriate requests to the Council.**

**The Council’s General Privacy Notice may be viewed at** [**https://www.lbbd.gov.uk/general-privacy-notice**](https://www.lbbd.gov.uk/general-privacy-notice)

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| **FOR OFFICIAL USE ONLY** | |
| **Correct fee paid?** |  |
| **Public liability insurance expiry date** |  |
| **Photo id(s)** |  |
| **proof(s) of right to work enclosed? (only applicable for mobile vehicles)** |  |
| **Proof(s) of home address enclosed?** |  |
| **Plan of seating area (if applicable)?** |  |
| **Landowner permission (if applicable)?** |  |