



Taking pride in our communities and town

APPLICATION FOR A STREET TRADING CONSENT (LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982)

Grant

I / WE apply under the provisions of the above Act for a street trading consent and submit the following particulars. I / WE undertake to comply in full with the Council's general conditions applying to street trading consents and with any special conditions which may be specified in the consent.

APPLICANT (fill in as applicable) Other Title V Mrs Mr Miss Ms INDER SINGH. First names Surname Date of birth Current address SCoush Post Town Postcode Daytime contact telephone number E-mail address National Insurance Number SECOND APPLICANT (if applicable) Other Title Miss Ms Mr Mrs First names Surname Date of birth Current address **Post Town** Postcode Daytime contact telephone number E-mail address **National Insurance Number**

f 'yes' please co			llowing se	ection;					
PARTNER (if ap	plica	DIE)							
	Mrs		Miss		AFIE	Ms	D D	Other Title	
Surname						F	irst nan	es	
Date of birth						ins	10,		
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SECOND PART	NER	(if applic	able)					2 £ 5 0	outle les
Mr 🗆	Mrs		Miss		000	Ms		Other Title	nzarbba liini
Surname						F	irst nan	es	
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 Driving I Birth Ce Utility Bi 	denti visa _icen rtifica II / Ba	ification a where no ace ate / Marr ank state	and proceeds and proceeds are seen to be a control of the control	of of rig MUST	be pro	duced	l along w	d for all applicants & par ith 2 of the following: n the Council deems fit	rtners. A passpo
Sole Trader	C	mited ompany	0	Partne	rship		Other	(please y)	lai tuarsod emij sedi
Business Name	•			(HA	0	600	RLCAS.	6201
					(111			1-00	

DURATION OF CONSENT	BEING APPLIED FOR:			
Annual 6 months	3 months 1 month	☐ Weekly ☐	Daily 🗌	
Is the applicant trading at pre	sent? Yes	No 🗹		
How long has the applicant b	een trading?		MATERIA CE	DEPENDE PERM
CURRENT / PROPOSED TR prepared plan.	RADING SITES(s) - precis	e location(s) to be s	pecified along with an a	acceptably
Address of trading location	TRANTIC BE	brook, CARF	y Pass.	Late or blith Carrent address
Plan attached:	Pontouc	Yes 🗹	No 🗌	nweTteo9
Is trading taking place on pri	vate land?	Yes 🗹	No 🗌	
Has the owner's permission (Please submit written con	sent)	Yes 🖸	No 🗌	
LAND OWNERS DETAILS (service basis		Other Title	anima e
Mr 🚺 Mrs 🗌	Miss	Ms 🗆	Other Title	dide of thirth
Surname JAM			First names SAN	nes.
Current address	TRAINTIC	Bluf. brook By	PASS.	nwoT iso
Post Town	Scoush		Postcode	nament proue
Contact telephone numl	per		ED ASSIS	THIRD NOWING
E-mail address	not beautiful 133		and Li e	M. L. W.
Rotrol	Trank Entrane	aic Ave	ENTRAMA	catering trailer

PROOF OF IDENITY & RIGHT TO WORK

Photographic identification and proof of right to work is required for all nominated assistants. A passport (and appropriate visa where necessary) MUST be produced along with 2 of the following:

- Driving Licence
- Birth Certificate / Marriage Certificate
- Utility Bill / Bank statement
- National Insurance Number or any other form of identification the Council deems fit.

FIRST NOMINATED ASSISTANT

Mr 🗌	Mrs 🗆	Miss	Ms 🗆	Other Title	nansa (Twanen
Surname		First names	and person		
Date of birth	1	CACPIELS	Dia ovi a la S	CAPATI S	noluce
Current add	ress				
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Mr 🗆	Mrs	Miss	Ms	Other Title	SIG STABILITY OF STATE
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THIRD NON	MINATED ASSIST	ANT 0826		O Tredmund	etoricals) resino:
Mr 🗆	Mrs 🗌	Miss	Ms 🗆	Other Title	Hank
Surname				First names	
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National Ins	surance Number				No. 7 To Y

FOURTH NOMINATED ASSISTANT

Mr 🗌	Mrs	Miss	Ms	Other Title	
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FIFTH NOM	INATED ASSISTA	NT		No 🗆	Ti e
Mr 🗆	Mrs 🗌	Miss	Ms 🗌	Other Title	v yns to stletch t
Surname	M S	41.0	4/001	First names	.onlasti to sati
Date of birth				2 (230 AE3030 195	Strom agrantment/ Eschangth, colour)
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Post Town	Jour of			Postcode	olog (not) guita de la la guita de la
National Insu	urance Number	3.7	I'ment !	sandy naligophas s	dress of premise
		T be produced at time	e of application.	afety training to meet cu	

REQUESTED TRADING TIMES (please use 24 hour clock).

Tuesday Wednesday Thursday	6.00	15.00
Wednesday Thursday	6.00	15.00
Thursday	•	
V	6.00	04.71
Friday	0	12 00
	6.00	15.00
Saturday	6.00	15.00
Sunday	600	15.00
Seasonal Variations:		

Has the applicant bee	en licensed with anothe	er local authority?			томитеро
Yes 🗹	No 🗆				
If 'yes', please specif	ty: SCC	D NSUX	'auncil.		gmamu
Has the applicant eve	er had a Street Trading	g Consent/Licence	suspended or refus	ed?	
Yes 🗹	No 🗌				
If 'yes', please specif	fy the Licensing Author	rity:	scoust 1	Council	- continue
Does the applicant ha	ave the required Public	Liability Insuranc	e (£5m)? - Evidence	MUST be produced	at time of
Yes 🔟	No 🗌				
Full details of any v trolley stand etc to course of trading.		12-S.f lenst	T 6.SFT width	10FThe	shti
(Include registration/f width, length, colour)	leet number, height,			The same of	
Description of good sold. (E.g. hot / cold vegetables etc).		Salad	flot y (a bar, ch	old food. argrilled	nwoT teo
Address of premise vehicle, stall, trolley food will be stored	, stand and any	Trani	hic ste Coln brook	Dy Pass	usro lanoga
INSPECTION		novisolicus t	o émo se beaspaolo e	d TRUM annablyd s	*emultimelluca
The vehicle / stand / street Trading Conse	stall / trolley where tracent being issued. Plea	ding is taking plac se contact the Lic	e must be inspected ensing Office to arra	by a Licensing Officinge an inspection.	er prior to a
Please specify your p	preferred inspection loc	cation:	Transiti	Due.	Q.316_26M21

Application Check List

I have enclosed the completed application form. (New applicants will be required to submit 9 copies)	
I have enclosed a plan of the site / location. (New applicants will be required to submit 9 copies)	
I have enclosed the completed declaration of convictions & cautions for applicant(s) & nominated persons.	
I have enclosed relevant fee.	
I have enclosed the basic Criminal Record Bureau disclosure for all applicant(s) and nominated persons.	
I have enclosed a passport size photograph of applicant(s) and nominated persons. (A digital image can be emailed to licensing@slough.gov.uk)	
I have enclosed proof of right to work for all applicant(s) and nominated persons.	
I have enclosed 2 additional forms of identification for each applicant & nominated persons.	
I have enclosed a copy of the Public Liability Insurance.	
I have enclosed Food Safety / Hygiene certificates for all applicants and nominated persons.	. 🗆 6
I have enclosed a colour photograph of any vehicles, stall, trolley, stand etc. (A digital image can be emailed to licensing@slough.gov.uk)	
I understand that if I do not comply with the above requirements my application will be rejected.	

Please note that digital images of the applicant, nominated persons and vehicle etc may be emailed to licensing@slough.gov.uk. Images should be named and referenced to your application.

Please return completed application forms to;

Licensing
My Council
Landmark Place
High Street
Slough
SL1 1JL

Contact Tel: 01753 875664

Email: licensing@slough.gov.uk

TO BE COMPLETED BY ALL APPLICANTS

Please ensure that you have checked the application form fully before submission AND that you have read the revised – Street Trading Consents – General Conditions.

DECLARATION

The information contained in this form is correct to the best of my knowledge and belief. (It is an offence knowingly or recklessly to make a false statement. A person is to be treated as making a false statement if he/she produces, furnishes, signs or otherwise makes use of a document that contains a false statement)

Applicant Name:	NOER KOMPAC
Signed	Dated 25-6-12.
	ed 2 stational forms of identification for each applicant 8 nominated at a copy of the Public Liability Insurance
Signed:	Dated:
Applicant Name:	
Signed:	Dated: