

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)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Surname KONDAL			First names INDER SINGH		
Date of birth					
Current address					
Post Town			Postcode		
Daytime contact telephone number					
E-mail address					
National Insurance Number					

SECOND APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Surname			First names		
Date of birth					
Current address					
Post Town			Postcode		
Daytime contact telephone number					
E-mail address					
National Insurance Number					

Is the application being made on behalf of a partnership?
 If 'yes' please complete the following section;

Yes No

PARTNER (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Surname			First names		
Date of birth					
Current address					
Post Town				Postcode	
National Insurance Number					

SECOND PARTNER (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Surname			First names		
Date of birth					
Current address					
Post Town				Postcode	
National Insurance Number					

PROOF OF IDENTITY & RIGHT TO WORK

Photographic identification and proof of right to work is required for all applicants & partners. 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

Sole Trader <input type="checkbox"/>	Limited Company <input checked="" type="checkbox"/>	Partnership <input type="checkbox"/>	Other (please specify)
Business Name		KONDAL CATERING	

Business Address	
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DURATION OF CONSENT BEING APPLIED FOR:

Annual 6 months 3 months 1 month Weekly Daily

Is the applicant trading at present? Yes No

How long has the applicant been trading? N/A.

CURRENT / PROPOSED TRADING SITES(s) - precise location(s) to be specified along with an acceptably prepared plan.

Address of trading location	GIBTEL LODGE, Colnbrook By Pass SL3 8QQ
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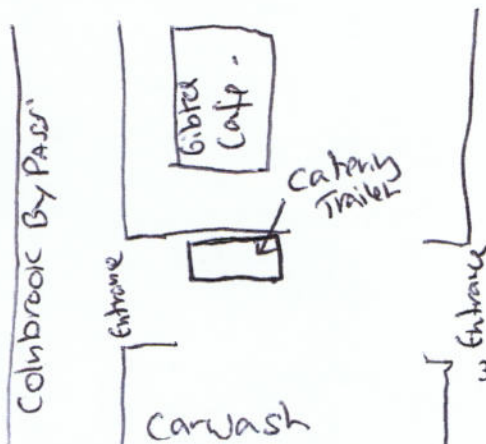
Plan attached: Yes No

Is trading taking place on private land? Yes No

Has the owner's permission been given? Yes No
(Please submit written consent)

LAND OWNERS DETAILS (to be completed if trading is taking place on private land)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Surname				First names JOE	
Current address		GIBTEL LODGE Colnbrook By Pass			
Post Town	Slough			Postcode	SL3 8QQ
Contact telephone number					
E-mail address					



PROOF OF IDENTITY & 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 <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Surname			First names		
SEHBAT			JASWINDER		
Date of birth					
Current address					
Post Town				Postcode	
National Insurance Number					

SECOND NOMINATED ASSISTANT

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Surname			First names		
Date of birth					
Current address					
Post Town				Postcode	
National Insurance Number					

THIRD NOMINATED ASSISTANT

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Surname			First names		
Date of birth					
Current address					
Post Town				Postcode	
National Insurance Number					

Do the applicant(s) or nominated assistants have the necessary food safety training to meet current legal requirements? - Evidence **MUST** be produced at time of application.

Yes

No

REQUESTED TRADING TIMES (please use 24 hour clock).

	Start time	Finish time
Monday	1700	2300
Tuesday	1700	2300
Wednesday	1700	2300
Thursday	1700	2300
Friday	1700	2300
Saturday	1700	2300
Sunday	1700	2300
Seasonal Variations:		

Has the applicant been licensed with another local authority?

Yes

No

If 'yes', please specify: _____

Has the applicant ever had a Street Trading Consent/Licence suspended or refused?

Yes

No

If 'yes', please specify the Licensing Authority: Scough

Does the applicant have the required Public Liability Insurance (£5m)? - Evidence **MUST** be produced at time of application.

Yes

No

<p>Full details of any vehicles, stall, trolley stand etc to be used in the course of trading. (Include registration/fleet number, height, width, length, colour)</p>	<p>12FT x 6.5FT w 10ft high. white ^{Leigh} double Axel catering trailer.</p>
<p>Description of goods / articles</p>	<p>Hot & Cold Food, drinks.</p>

Has the applicant been licensed with another local authority?

Yes

No

If 'yes', please specify: _____

Has the applicant ever had a Street Trading Consent/Licence suspended or refused?

Yes

No

If 'yes', please specify the Licensing Authority: _____

SLOUGH. Refused.

Does the applicant have the required Public Liability Insurance (£5m)? - Evidence MUST be produced at time of application.

Yes

No

Full details of any vehicles, stall, trolley stand etc to be used in the course of trading. (Include registration/fleet number, height, width, length, colour)	WHITE 12FT X 6 FT Food trailer. 12 FT X 4 FT side opening hatch.. 10 FT High.
Description of goods / articles to be sold. (E.g. hot / cold food, fruit and vegetables etc).	HOT INDIAN CURRIES Served Fast-Tiffin style
Address of premises or location where vehicle, stall, trolley, stand and any food will be stored when not in use.	Gibbet The Catering van will have 24 hour refrigeration

INSPECTION

The vehicle / stand / stall / trolley where trading is taking place must be inspected by a Licensing Officer prior to a Street Trading Consent being issued. Please contact the Licensing Office to arrange an inspection.

Please specify your preferred inspection location: _____

Gibbet lodge
Colnbrook By Pass

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:.....INDRZ SINGH KONDAL.....

Signed..... Dated.....19-4-12.....

Applicant Name:.....

Signed:.....Dated:.....

Applicant Name:.....

Signed:.....Dated:.....