



Taking pride in our communities and town

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

Grant / Renewal

RETURN TO: LICENSING
LANDMARK PLACE
HIGH STREET
SLOUGH
SL1 1JL

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 DALEY			First names RICHARD G.S.		
Date of birth					
Current address					
Post Town	SLOUGH			Postcode	
Daytime contact telephone number					
E-mail address (optional)					
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 (optional)			
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 Trade <input type="checkbox"/>	Limited Company <input type="checkbox"/>	Partnership <input type="checkbox"/>	Other (please specify)
Business Name			
Business Address			

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	HIGH ST1 BESIDE RICHARDS FRUIT & VEG STALL.
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Plan attached: Yes No

Is trading taking place on private land? Yes No

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

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

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Surname			First names		
Current address					
Post Town				Postcode	
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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Surname LIMACHI CONDORI LIMACHI			First names FELICIDAD GONDORE		
Date of birth					
Current address					
Post Town	SLOUGH			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					

FOURTH 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					

FIFTH 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	08:00	18:30
Tuesday	08:00	18:30
Wednesday	08:00	18:30
Thursday	08:00	18:30
Friday	08:00	18:30
Saturday	08:00	18:30
Sunday	08:00	18:30
Seasonal Variations:		

Has the applicant been licensed with another local authority?

Yes

No

If 'yes', please specify: LONDON

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

Yes

No

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

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>A STALL WILL BE PURCHASED IF APPLICATION IS GRANTED.</p>
<p>Description of goods / articles</p>	

to be sold. (E.g. hot / cold food, fruit and vegetables etc).	COSTUME JEWELLERY, PERFUME, COSMETICS & SUNGLASSES . HAIR ACCESSORIES
Address of premises or location where vehicle, stall, trolley, stand and any food will be stored when not in use.	

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: _____

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 payment of fee.
- I have enclosed the basic Criminal Record Bureau disclosure (if applicable) for 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 nominated persons.
- 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.


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:..... *RICHARD D DALY*

Signed.....  Dated..... *11/7/2013*

Applicant Name:.....

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

Applicant Name:.....

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