

**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 type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Surname <b>SHARANJIT</b>			First names <b>KAUR</b>		
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		FASTWAY FOOD CORNER LTD	
Business Address			

**DURATION OF CONSENT BEING APPLIED FOR:**

Annual  6 months  3 months  1 month  Weekly  Daily  Other \_\_\_\_\_ days

Is the applicant trading at present? Yes  No

How long has the applicant been trading? 0

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

<b>Address of trading location</b>	YARD AT BLACKTHORNE ROAD, SLOUGH, POYLE, SL3 0AP
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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="radio"/>	Mrs <input type="radio"/>	Miss <input type="radio"/>	Ms <input type="radio"/>	Other Title <input type="radio"/>	
<b>Surname</b> HORNBLOWER SERVICES LTD				<b>First names</b>	
<b>Current address</b>					
<b>Post Town</b>			<b>Postcode</b>		
<b>Contact telephone number</b>					
<b>E-mail address</b>					

**NOMINATED ASSISTANT - 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	
<b>Surname</b> HARMEET			<b>First names</b> KAUR		
<b>Date of birth</b>					
<b>Current address</b>					
<b>Post Town</b>				<b>Postcode</b>	
<b>National Insurance Number</b>					

**SECOND NOMINATED ASSISTANT**

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

**THIRD NOMINATED ASSISTANT**

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

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
<b>Monday</b>	0600	2300
<b>Tuesday</b>	0600	2300
<b>Wednesday</b>	0600	2300
<b>Thursday</b>	0600	2300
<b>Friday</b>	0600	2300
<b>Saturday</b>	0600	2300
<b>Sunday</b>	0600	2300
<b>Seasonal Variations:</b>		

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: \_\_\_\_\_

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

Yes  No

<p><b>Full details of any vehicles, stall, trolley stand etc to be used in the course of trading.</b></p> <p>(Include registration/fleet number, height, width, length, colour)</p>	<p>TRAILER: HEIGHT 14 FT, WIDTH 10FT, LENGTH 30 FT COLOUR: ORANGE</p>
<p><b>Description of goods / articles to be sold.</b> (E.g. hot / cold food, fruit and vegetables etc).</p>	<p>HOT FOOD: BURGERS, FRIED CHIPS, FRIED CHICKEN, COFFEE, TEA</p>
<p><b>Address of premises or location where vehicle, stall, trolley, stand and any food will be stored when not in use.</b></p>	<p>YARD AT BLACKTHORNE ROAD, SLOUGH, POYLE, SL3 0AP (ON SITE AT ALL TIMES)</p>

**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.

### Application Check List

- I have enclosed the completed application form.
- I have enclosed a plan of the site / location.
- 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](mailto: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.
- I have enclosed a colour photograph of any vehicles, stall, trolley, stand etc.  
(A digital image can be emailed to [licensing@slough.gov.uk](mailto: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](mailto:licensing@slough.gov.uk). Images should be named and referenced to your application.

**Please return completed application forms to;**

**Licensing  
Observatory House  
25 Windsor Road  
Slough  
SL1 2EL**

**Contact Tel: 01753 875664  
Email: [licensing@slough.gov.uk](mailto: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:.....

Signed.....Dated 9/9/2022.....

Applicant Name:.....

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

Applicant Name:.....

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