|  |  |
| --- | --- |
|  **APPLICATION**FOR OUTDOOR**STREET TRADING CONSENT** | WBC logo colour compact |

This is an application under the Local Government (Miscellaneous Provisions) Act 1982

|  |  |
| --- | --- |
| Full Name of Applicant |  |
| Company Name & Full Address |  |
| Date of Birth (Applicants must be over 18 years ofage) |  |
| Daytime tel number (inc mobile number where applicable) |  |
| Nature of Business(Description of **ALL** articles to be sold/activities to be carried out) |  |
| Proposed location of Trading Pitch(may be description, ordnance survey grid reference, map with location indicated) |  |
| Has owners permission been given? |  |
| Name & Address of owner of site if applicable |  |
| Description & size of stall/vehicle to be used for trading, including registration number (where applicable)  |  |
| Address of premises where vehicle/stall normally kept when not trading |  |
| Proposed times of trading |  |
| Will you be manning the pitch yourself? |  |

|  |  |
| --- | --- |
| Have you ever been refused a licence or consent in any other area? If yes, give details |  |
| Do you have any previous convictions? If yes, list on separate sheet |  |
| Trading name (if any) |  |
| Period of licence required |  |
| Do you hold Level 1 Food Hygiene? (essential for food handlers) - attach copy |  |
| Which local authority are you registered with (as required by the Food Hygiene Regulations)? |  |

##### Declaration

The information given on this application is true and correct. I have included all necessary enclosures with this application. I agree to be bound by Wokingham Borough Council’s street trading conditions and confirm I have received and read these conditions. I also authorise Wokingham Borough Council to make enquiries to the police or any other appropriate persons about this application subject to the Provisions of the Rehabilitation of Offenders Act 1974 as amended. I understand it is an offence to carry on the business of street trading without being granted consent.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Block Caps) |  | Position in Company |  |

Completed form to be returned to: Licensing Service, Wokingham Borough Council, PO Box 155, Shute End, Wokingham, Berkshire, RG40 1WW.

**Enclosures Accompanying Your Application**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fee £227 for one month – (one month is for ice cream vans and Henley only) |  | Location Plan |  | Copy of Food Hygiene Certificate (if applicable) |  |
| Copy of Certificate of Insurance for public liability |  |  |  |  |  |

**Payment**

<https://publicprotectionpartnership.org.uk/make-a-payment/>