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| Return to:  **Licensing Team**  **Civic Offices**  **Holton Road**  **Barry**  **Vale of Glamorgan**  **CF63 4RU**  **Tel: 01446 709105** | | | | | | | | |  | | | | |
| **Application for Street Trading Consent**  **Local Government (Miscellaneous Provisions) Act 1982 Schedule 4** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **I am applying for a** | | | | | | | | | | | | | |
| Street Trading Community Event Consent  Street Trading Consent  *(please tick as appropriate)* | | | | | | | | | | | | | |
| If you are applying for a community event consent please provide the name, address, telephone number, and email address of the co-ordinator of the event. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **1. Applicant details** | | | | | | | | | | | | | |
| Mr  Mrs  Miss  Other | | | | | | | | | | | | | |
| Full name | | |  | | | | | | | | | | |
| House no and Street | | |  | | | | | | | | | | |
| District | | |  | | | | | | | | | | |
| Postcode | | |  | | | | | | | | | | |
| Telephone number | | |  | | | | | | | | | | |
| Email address | | |  | | | | | | | | | | |
| Date of Birth | | |  | | | |  | | | | | | |
|  | | | | | | | | | | | | | |
| **2. Proposed location of trading** | | | | | | | | | | | | | |
| Street(s) name(s) | | | |  | | | | | | | | | |
| Precise location(s) | | | |  | | | | | | | | | |
| Land type | | | | | private land  public land  public highway  *(please tick as appropriate)* | | | | | | | | |
| If on private land please state:. | | | | | | | | | | | | | |
| Landowner name | | | |  | | | | | | | | | |
| Landowner address | | | |  | | | | | | | | | |
| Landowner permission | | | | Yes  No | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **3. Dates and Time of consent requested.** | | | | | | | | | | | | | |  | | **Start Time** | | |
| **Day(s)** | | | | **Date(s)** | | | |  | | | | **Finish time** | |
| Monday | | | |  | | | |  | | | |  | |
| Tuesday | | | |  | | | |  | | | |  | |
| Wednesday | | | |  | | | |  | | | |  | |
| Thursday | | | |  | | | |  | | | |  | |
| Friday | | | |  | | | |  | | | |  | |
| Saturday | | | |  | | | |  | | | |  | |
| Sunday | | | |  | | | |  | | | |  | |
|  | | | | | | | | | | | | | |
| **4. Please specify the types of goods you wish to sell.** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **If you are selling alcohol you must have a separate authorisation from the Council. Please provide details of the Temporary Event Notice or Premises Licence in force:** | | | | | | | | | | | | | |
| **5. Method of street trading *(please also state registration number where applicable)*** | | | | | | | | | | | | | |  | Stall | | |
| Van | | Vehicle | | | | Stall | | | | Tricycle | | | Barrow |
| Other *(please specify )* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **6. Dimensions of area to be used** | | | | | | | | | | | | | |  | | | Width | | |
| Length |  | | | | Width | | | | | | Height | | |
|  | | | | | | | | | | | | | |
| **7. Please provide details of any awning, covering or storage facility to be used.** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

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| --- | --- |
| **8. Food traders ONLY must complete this section** | |
| Are you registered to sell food Yes  No | |
| **If yes, you must provide the following details**: | |
| Date of registration |  |
| Council which issued Registration |  |
| Exact Name under which business/person registered | (if applicable) |
| Address under which business/person registered |  |
| Current Food hygiene rating e.g. the number 1-5 issued to the business |  |
|  |  |
| **9.Please specify details on the following**: ***(food traders only)*** | |
| Arrangements for the washing and drying of hands; | |
| Sanitary arrangements: | |
| Changing facilities: | |
| Provision for cleaning and disinfecting work utensils and equipment: | |
| Arrangements for supply of wholesome water: | |
| Arrangements for the disposal of used water: | |
| Arrangements for maintaining / monitoring suitable food temperature conditions: | |
| Details of any instruction and/or training in food hygiene matters: | |
| Details of availability of fire extinguisher(s): | |
|  | |
| **10. Information in support of the application** | |
| Do you hold or have you held a street trading consent/licence in any other district? | |
| Do you have the right to live and work in the United Kingdom Yes  No | |
| Do you intend to use liquefied petroleum gas or any other fuel? Yes  No  *If yes, please specify*: | |
| Please give details of arrangements you intend to make to prevent the deposit in the street of solid or liquid refuse and the discharge of any water to the street surface or to the surface of water drains. | |
| Do you intend to employ persons other than yourself on the pitch? Yes  No  *If yes, please provide name and address*:  **Please complete a disclosure of convictions form for each person working under the street trading consent.** | |
|  | |
| I declare that to the best of my knowledge and belief, the answers given are true. If a consent is granted I undertake to pay the appropriate fee and comply with the conditions attached the consent and also comply with any applicable legislation and to any orders made there under.  Please see our privacy statement on how we process your personal data:  <http://www.valeofglamorgan.gov.uk/en/working/adult_and_community_learning/Vale-Courses/Website-privacy-notice.aspx>  **Signed…………………………………………………….. Date**  **Print name** | |

This form is available in Welsh / Mae’r ffurflen hon ar gael yn Gymraeg

**Declaration of Convictions**

I,

of

date of birth

do declare as follows *(please tick as appropriate)*

I have never been convicted of any offence

I have been convicted for an offence or offences and I list below within the terms of the Rehabilitation of Offenders Act 1974, every offence for which I have been convicted including the date of the offence, the place that the offence was committed and the sentence imposed by the Court.

I have not been convicted of any other offence.

These declarations relates to all offences including motoring offences.

|  |  |  |  |
| --- | --- | --- | --- |
| Date of conviction | Court | Offence (s) | Sentence/order of Court |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

**Date:**

*(dd/mm/yyyy)*

**Signature of applicant:……………………………………………………………..**

**Print name:**