

Local Government (Miscellaneous Provisions) Act 1982
Section 3, Schedule 4, Part 7 – STREET TRADING



Application for a Street Trading Consent

1. Applicant details

Full Name: Mr / Mrs / Miss / Ms

Address:

.....

Postcode: Date of Birth:

Telephone No: Mobile No:

Email:

2. Vehicle Details ('vehicle' includes, cart, barrow, or otherwise movable stall)

Trading Name:

Registration / Distinguishing number:

Make and Model / Description:

.....

Colour: Livery:

The address where the vehicle / food will be stored overnight

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.....

.....

3. Relevant documentation

Public Liability insurance (minimum £2 million) Yes No proof seen by _____

Employers Liability insurance (if applicable) Yes No proof seen by _____

Valid drivers licence for driver(s) of the towing vehicle (if applicable) Yes No proof seen by _____

Certificate of vehicle insurance (if applicable) Yes No proof seen by _____

MOT certificate (if applicable) Yes No proof seen by _____

V5 certificate for the towing vehicle (if applicable) Yes No proof seen by _____

- Food Hygiene Registration certificate (if applicable) **Yes** **No** proof seen by _____
If food business is registered with a local authority other than South Ribble Borough Council
- Gas safety certificate (if applicable) **Yes** **No** proof seen by _____
- Consent from land owner to trade (if applicable) **Yes** **No** proof seen by _____

4. Trading Details – only articles notified to and approved by the Council, may be sold under the Consent

Details of all hot food to be sold:

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Details of all cold food to be sold:

.....

Detail of all other items to be sold:

.....

5. Staff Details - Please give the names of all staff and complete the training questions for all food handling staff:

Name	Attended level 2 Food Hygiene Training	Proof available
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Continue on a separate sheet if necessary

6. Food Traders only - is the vehicle / staff provided with:

- Wash hand basin and hot water **Yes** **No**
- Sink and hot water **Yes** **No**
- Suitable waste water container **Yes** **No**
- Suitable rubbish bins with lids **Yes** **No**
- First Aid Kit **Yes** **No**
- Fire Extinguisher **Yes** **No**
- Fire Blanket **Yes** **No**

8. Statutory Declaration

I understand that the Consent will not be issued until the Council has received payment or a completed direct debit mandate and that failure to pay just one monthly payment will result in the automatic cancellation of the Consent.

I have read and understand South Ribble Borough Council's policy on Street Trading and understand that any failure to comply with the conditions of a Street Trading Consent may result in my Consent being revoked.

I am over 17 years of age.

I enclose 2 passport sized photographs

I declare that all the information given in this application is true to the best of my knowledge and belief and I understand that any information I have provided, which is subsequently found to be false or incorrect, may result in the revocation or refusal of a Consent and/or prosecution.

Signed:

.....
Print Name

.....
If signing on behalf of a Company or Partnership, state position held

Date:

If you require any help completing this application form contact Public Health on 01772 625340
Please return the completed application form and all required documents to :-

Public Health
South Ribble Borough Council
Civic Centre
West Paddock
Leyland
PR25 1DH

FOR OFFICE USE ONLY		
Application Received:	Direct Debit Requested:	Fee Paid: £
Period of Consent:	First Payment Received:	UPRN:
Receipt No:	Consent Issued:	Consent No: