



Car boot sale licence Application form

Office use only

Date of licence issue:

Version: April 2008

Office receipt date stamp

You must answer all the questions on this form. If a question does not apply to you, please write 'not applicable' or 'n/a' in the space given. If you do not complete this form in full your application may be rejected. Please return this form to the Market Office.

About you

Title: Mr Mrs Ms Miss Other

Date of birth: / /

First name		Last name	
Address (including postcode)		Email address	
Telephone number		Mobile number	

About the car boot sale

What is the address where you want to hold the car boot sale? (including the first part of the postcode)

Are you going to hold the car boot sale for one day only? (Please tick ✓ one box)

- Yes
 No

If yes, please tell us the date.

 / /

Are you going to hold the car boot sale regularly? (Please tick ✓ one box)

- Yes
 No

If yes, please tick ✓ one box to tell us how often.

- Weekly Fortnightly Monthly
 Other (please state)

What is the day or date you will regularly hold the car boot sale on? (include the start and finish dates if it lasts for more than one day)

What time does the car boot sale start and finish? (Please state in am and pm. For example, 10am to 3pm)

What is the maximum number of cars that are allowed at the car boot sale?

Declaration

I confirm that the information given above is correct and complete and I know that I may be prosecuted if I give incorrect information.

Signature:

Date:

Promoting equality

Please help us to make sure that we meet the needs of all groups in the community by filling in this part of the form. You do not have to fill it in, but it will help us if you do.

What is your ethnic group? Please tick ✓ one box.

I do not want to fill in this section.

White

British

Irish

Any other white background

If 'Other', please give details

Mixed

White and black Caribbean

White and Asian

White and black African

Any other mixed background

If 'Other', please give details

Black,
black British

Caribbean

African

Any other black background

If 'Other', please give details

Asian

Indian

Bangladeshi

Pakistani

Any other Asian background

If 'Other', please give details

Chinese or other ethnic group

Chinese

Any other ethnic background

If 'Other', please give details

Are you: Male Female

Do you consider yourself to have a disability? Yes No

If English is not your first language and you need help filling in this form, please contact the Street Trading Office on 020 7926 0524.

Spanish

Si desea esta información en otro idioma, rogamos nos llame al 020 7926 9000

Portuguese

Se desejar esta informação noutro idioma é favor telefonar para 020 7926 9000

French

Si vous souhaitez ces informations dans une autre langue veuillez nous contacter au 020 7926 9000

Bengali

এই তথ্য অন্য কোনো ভাষায় আপনার প্রয়োজন হলে অনুগ্রহ করে কোন কল করুন 020 7926 9000

Twi

Se wope saa nkaeboy yi wo kasa toforo mu a fre 020 7926 9000

Yoruba

Tí ẹ ba fẹ lmorán yí, ní èdè Òmíràn, ẹjọ, ẹ kàn wà l'ágogo 020 7926 9000

If you would like this information in large print, Braille, on audio tape or in another language, please phone 020 7926 9000.

Please return this form by post or in person to:
Lambeth Street Care, Market Office, 53 Brixton Station Road, London SW9 8PQ