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Street trading licence application form: new trader

Please return this completed form by email to street-trading@lambeth.gov.uk along with copies of the required documents. We do not accept applications by post or in person.

* Make sure that your answers are clear and inside the boxes.
* Complete all sections of the form and use additional sheets if necessary.
* We recommended you keep a copy of the completed form for your own records.

*If you are completing the application by hand, please write in block capitals.*

Your application will be processed if you complete this form in full and provide the copies of the documents required in response to an advertised vacancy, otherwise your application will not be considered. Please note that the making of an application does not guarantee the grant of a licence. Tacit consent does not apply.

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| 1. About you
 |
| Title (Mr/Mrs/Ms/Dr/other) |  |
| First name |  |
| Last name |  |
| Home address |  Post code: |
| Date of birth |  |
| National Insurance number:  |  |
| Applications will not be processed unless a valid National Insurance number is provided. |
| Do you need a permit to work in the UK? | Yes/No |
| If ‘Yes’ do you have a work permit? | Yes/No |
| If ‘Yes’ please provide details |  |
| Are you in receipt of any State benefits? | Yes/No |
| If ‘Yes’ please provide details |  |
| Have you ever been convicted of a criminal offence? | Yes/No |
| Have you ever been declared insolvent or bankrupt? | Yes/No |
| Have you ever obtained a debt relief order? | Yes/No |
| If you have answered ‘yes’ to one or more of the three previous questions, please provide brief details here |
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| Are you a shopkeeper? If ‘Yes’ please give the name and address of the premises | Yes/No |

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| 2. Your contact details |
| Mobile phone: |  |
| Email address: |  |
| Website address:If you have a website please state the address here |  |
| Please tick this box to confirm that you consent to your details including your name, address and date of birth being shared for the purpose of administering the street trading account, contacting credit reference agencies, for the prevention of crime, and in relation to the recovery of any debt. Please tick: [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.] |

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| 1. The location you are applying to trade from
 |
| Are you a current street trading licence holder in Lambeth? Yes/No (please delete) |
| If ‘Yes’, please complete 3a. below. If ‘No’ please go to 3b. |
| 3a. If you are a current street trading licence holder: |
| Your current licence number: |  |
| Current pitch number(s) and location: |  |
| Current commodity: |  |
| How long have you been a licensed trader in Lambeth? |  |
| If you are an existing licence holder please note that this will mean giving up your current pitch(es) should your application be successful as the named licence holder is required to be on their pitch for at least 80% of trading hours as a condition of the licence. |
| Reason for request to change pitch |  |
| We do not accept applications from current traders where any street trading debt is outstanding.  |
| 3b. |
| The location you are applying for | Please tick as applicable | Pitch number you are applying for (if applicable) |
| Brixton: Electric Avenue\* |  |  |
| Brixton: Popes Road\* |  |  |
| Brixton: Brixton Station Road\* |  |  |
| Waterloo: Lower Marsh |  |  |
| Isolated pitches –Fri - Sat only (Tunstall Rd)\* |  |  |
| Non-Commercial –Mon–Thurs only (Tunstall Rd)\* |  |  |
| Isolated pitch – all other sites\*\* |  |  |

If you want to apply to trade at a specific event or specialist site, please visit <https://eventlambeth.co.uk/>

\*motorised vehicles are not accepted for trading at these locations.

No applications for fruit & vegetables or hot food are accepted for Brixton Market.

\*\* Applications for isolated pitches will only be accepted for sites which are already designated and in use.

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| 1. The type of licence that you are applying for
 |
| Permanent trader | You would be licensed on specific days for a specific pitch. You can only apply to be a permanent trader if you have held a Temporary (non-casual) trader licence for six months or more. | Yes/ No |
| Permanent trader - transfer | You are a current permanent trader and would like to apply to transfer to a different pitch. | Yes/ No |
| Temporary trader (non-casual) | You would be licensed on specific days for a specific pitch on a temporary, ‘trial’ basis. | Yes/ No |
| Temporary trader (casual) | You would choose the days you trade and would be allocated a pitch according to availability and pay a day rate on the day(s) that you trade (please note no food traders permitted). | Yes/ No |

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| 1. Pitch activity

5a. Please make sure that you have read and understood the Commodities Regulations before completing this section. |
| What activity do you propose to carry out from the pitch: |  |
| Please provide the relevant commodity category number and commodity band letters for goods you are proposing to sellYou are permitted to select one category | Category number | Commodity band letter |
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| Please note that if you are proposing to sell food, cosmetic products, herbal remedy-type products, or cannabinoid-based products, you will need to provide evidence of additional clearances and documentation, which you will need to enclose with your street trading application. See Section 8 of the ‘Information pack for applicants’ for further information.  |
| 5b. Please complete the following sections.  |
| Please set out briefly the reasons why your application should be granted |  |
| Please confirm why you think there is a need for the goods and/or services that you are proposing  |  |
| How will you make sure your trading is a success? |  |
| Are the goods/ services already available from a shop or existing pitch nearby? If so – where? |  |
| What will you do if it isn’t a success – what is your backup plan? |  |
| Summarise here what relevant experience you have |  |
| What research have you done to confirm that there is a demand for what you are offering?  |  |
| How will what you are proposing enhance the local area? |  |
| What market testing have you undertaken and what were the results? |  |
| If you intend to sell goods, how will you set your prices and please explain how you have arrived at these |  |
| What is your plan to make sure that you can afford to pay all of your pitch fees on time and in full?  |  |
| Please set out briefly how your proposal will contribute positively to the location |  |
| What steps will you take to ensure minimal environmental impact? |  |
| Please list any certificates or documentation that you need, and confirm whether you have these in place (with specific reference to Chapter 8 of the Street Trading Information Pack for Applicants) |  |
| Please give details of your social media/ web presence – e.g. website address |  |

5c. If you are applying for a Category 4 licence (Food) for commodities B, C, D, H or I, you must answer the following:

b1. Do you have a valid Food Hygiene certificate? Yes

(Tick one box)

No

 Not applicable

b2. Have you registered as a food business in Lambeth? Yes

(Tick one box)

 No

 Not applicable

b3. Have you had a Food Hygiene and Food Standards Inspection?Yes

(Tick one box)

 No

 Not applicable

If you have answered ‘yes’ to b3., you need to confirm which of your premises the inspection was carried out on (Please tick one box):

Stall or trailer

Food preparation area

Both

You will be required to provide evidence of the above before you start trading.

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| 1. Power supply
 |

Please state how you will source power (if applicable), and what this will be used for

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Please note that petrol or diesel powered generators are not permitted.

6a. Do you have a Periodic Inspection Report for your Electrical Installations?

(Tick one box) Yes No

Not applicable

If ‘yes’, date of last Periodic Inspection report, and a brief description:

Date: …………………………………………………

Brief description: …………………………………………………………………………………………..

6b. Do you have a Gas Safety Record for your gas installations?

 (Tick one box)

 Yes

 No

 Not applicable

If ‘yes’, date of last Gas Safety Record, and a brief description:

Date: …………………………………………………

Brief description: …………………………………………………………………………………………..

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| 1. Previous trading
 |
| Have you ever been issued with a street trading licence from another local authority? | Yes/No |
| If ‘Yes’ please give details below. |
| Which council gave you the licence? |  |
| What was or is the licence number? |  |
| What was or is your pitch number? |  |
| Which street was or is your pitch located in? |  |
| What were or are your trading days? |  |
| Are you still trading? If ‘No’, when did you stop trading and why? | Yes/No |

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| 1. Street trading licence fees
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| Your trading is subject to full payment of all street trading fees that are due. Please sign below to confirm that you are fully aware of this, and that you understand that non-payment of street trading fees will result in the revocation and/or non-renewal of any street trading licence that is granted. |
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| 1. Stall setup
 |
| Traders are only permitted to trade within the pitch dimensions as listed on the street trading licence. In addition, traders are only permitted to trade from a layout, setup and receptacles authorised by the Council.Please provide details of the stall set up that is being proposed. You may include photographs or site plans in support of your application. |
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| 1. Storage, transport and parking
 |
| Please give particulars of the vehicle you intend to use when loading/ unloading | Make:Model:Colour:Vehicle registration: |
| Is this vehicle registered in your name? | Yes/No |
| Where do you intend to park the vehicle during trading hours? |  |
| What is the address where your stall and the goods, articles or items to be sold will be stored?*Please include the postcode* |  |

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| 1. Insurance
 |
| If your application is successful, you will be required to have valid public liability insurance in place, and you will need to provide full details and proof before any licence is granted. If you intend to/ employ assistant(s) you are required to have valid employers’ liability insurance.  |

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| 1. Disability
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| Do you have a disability for which you would need an adaptation in order for you to trade. YES/ NOThis will be discussed with you if your application is successful. |

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| 13. Assistants |

The licence holder is required to be present on the pitch for a minimum of 80% of the trading day/ throughout the year (apart from authorised sickness and/or holiday as agreed in writing with the Council’s Markets and Street Trading service).

Do you intend to employ an assistant? Yes/ No (delete as applicable)

If ‘Yes’ you can register up to two assistants. Each assistant will need to complete the sections below in full and provide copies of the required documentation.

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| 13a. Assistant one: |
| Title |  |
| First name |  |
| Last name |  |
| Current postal address |  |
| Contact telephone number |  |
| Date of birth |  |
| National Insurance number |  |
| Do you need a permit to work in the UK? | Yes/No |
| If ‘Yes’ do you have a work permit? | Yes/No |
| If ‘Yes’ please provide details |  |
| Are you in receipt of any State benefits? | Yes/No |
| If ‘Yes’ please provide details |
|  |
| Have you ever been issued with a street trading licence from another local authority? | Yes/No |
| If ‘Yes’ please give details below: |
| Which council gave you the licence? |  |
| Was this as an Assistant/ a Trader (Please delete as applicable) |
| What was or is the licence number? |  |
| What was or is your pitch number? |  |
| Which street was or is your pitch located in? |  |
| What were or are your trading days? |  |
| Are you still trading  | Yes/No |
| If ‘No’, when did you stop trading and why? |
|  |
| Disability |
| Do you have a disability for which you would need an adaptation in order for you to trade. YES/ NOThis will be discussed with you if your application is successful. |
| Declaration:  |
| I confirm that the information given above is correct and complete and I know that I may be prosecuted if I have given false information in relation to this licence application. |
| Signature |  |
| Date |  |

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| 13b. Assistant two: |
| Title |  |
| First name |  |
| Last name |  |
| Current postal address |  |
| Contact telephone number |  |
| Date of birth |  |
| National Insurance number |  |
| Do you need a permit to work in the UK? | Yes/No |
| If ‘Yes’ do you have a work permit? | Yes/No |
| If ‘Yes’ please provide details |  |
| Are you in receipt of any State benefits? | Yes/No |
| If ‘Yes’ please provide details |
|  |
| Have you ever been issued with a street trading licence from another local authority? | Yes/No |
| If ‘Yes’ please give details below: |
| Which council gave you the licence? |  |
| Was this as an Assistant/ a Trader (Please delete as applicable) |
| What was or is the licence number? |  |
| What was or is your pitch number? |  |
| Which street was or is your pitch located in? |  |
| What were or are your trading days? |  |
| Are you still trading  | Yes/No |
| If ‘No’, when did you stop trading and why? |
|  |
| Disability |
| Do you have a disability for which you would need an adaptation in order for you to trade. YES/ NOThis will be discussed with you if your application is successful. |
| Declaration:  |
| I confirm that the information given above is correct and complete and I know that I may be prosecuted if I have given false information in relation to this licence application. |
| Signature |  |
| Date |  |

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| 14. Permanent licence applicants only:Please state below the details of a nominated relative to take over your licence in the event of your death, retirement due to age, or ill health |
| Name |  |
| Address |  |
| Contact number(s) |  |
| Relationship to applicant\* |  |

\* Please check the Guidance Notes as to who is eligible to be nominated.

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| 15. Checklist: Copies of documents to be submitted with all applications |
|  | YES (Tick) |
| All sections of application form completed |  |
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| Copy of passport style photograph of the applicant taken in the last 12 months  |  |
|  |  |
| Copy of passport style photograph of each assistant(s) taken in the last 12 months |  |
|  |  |
| Proof of identity (name) of applicant and for each assistant(s) |  |
|  |  |
| Proof of address of applicant and for each assistant(s) |  |
|  |  |
| Proof of National insurance number of applicant and assistant(s) |  |
|  |  |
| Accredited food hygiene certificate (Food traders only)\* |  |
|  |  |
| Proof that your business is registered with Lambeth Council (Food traders only)\* |  |
|  |  |
| Evidence of Hazard Analysis and Critical Control Points (HACCP) (Food traders only)\* |  |
|  |  |
| Any other supporting documents (e.g. if you are proposing to sell cosmetic products, herbal remedy-type products, cannabinoid-type products you will need to demonstrate that you have required permissions in place)  |  |
| \* All food market traders must be registered with Lambeth Council’s Food Team as a condition of trading and evidence of all required certificates and measures must be provided. This applies to all types of food market traders, including retailers of produce such as fruit and vegetables, drinks and cheese.  |

and

London Borough of Lambeth is under obligation to protect the funds it administers and to this end may use the information that you have provided to this authority for cross-system and cross-authority comparison purposes for the prevention and detection of fraud.

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| 16. Applicant signature |

*Applicants should note that by signing this document s/he is entering into a*

*contract with Lambeth Council and will be personally liable to discharge the fees payable to the Council upon grant of the street trading licence and thereafter.*

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| I have read the notes and agree to abide by the legal requirements and all conditions attached to the street trading licence. I also understand that I may be prosecuted if I have given false information in relation to this licence application.

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| Signed: |  |
| Name: |  |
| Date: |  |

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| For completion by London Borough of Lambeth Markets and Street Trading only |
| Site |  |
| Street |  |
| Date of receipt of application |  |
| Fee |  |
| Licence number |  |

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| About You |

To make sure we are providing fair services to all of Lambeth’s diverse communities, and meeting the needs of different groups, it is important that we ask you a few questions about yourself. You are under no obligation to provide the information requested. The information will be used to help us plan services that meet the needs of all our users.

Your responses will be kept confidential and any information published willbe made anonymous. No information that can identify you, your home or your household will be passed to any other organisations without asking you first.

What is your sex?[[1]](#footnote-1)

Male 

Female 

Prefer to self-describe (please specify) ……… ……… 

Prefer not to say 

Which age group applies to you?[[2]](#footnote-2)

Under 18 

18-24 

25-34 

35-44 

45-54 

55-64 

65-74 

75-84 

85+ 

Prefer not to say 

Which best describes your sexual orientation?[[3]](#footnote-3)

Heterosexual/straight 

Gay 

Lesbian 

Bi 

Prefer to self-describe (please specify………) 

Prefer not to say 

Don’t know 

What is your legal marital or same-sex civil partnership status?[[4]](#footnote-4)

Single/Never married and never registered a civil partnership 

Married or in a registered civil partnership 

Separated, but still legally married or in a civil partnership 

Divorced or formerly in a civil partnership which is now legally dissolved 

Widowed or surviving partner from a civil partnership 

Which of these best describes your religion? [[5]](#footnote-5)

Atheist 

Buddhist 

Christian 

Hindu 

Jewish 

Muslim 

Sikh 

Other – please specify 

No religion 

Prefer not to say/don’t know 

Do you consider yourself to have a disability or long term health condition?

Yes 

No 

Prefer not to say 

If you have a disability or long term health condition: Which of the following best describes the nature of your impairment or health issue[[6]](#footnote-6)? (tick all that apply)

Registered blind or visual impairments uncorrected by glasses 

Physical impairments 

Deaf/ sign language user 

Hard of hearing/ Hearing loss 

Mental health issues   

Learning difficulties 

Neurodiverse  (e.g. Autism, Dyslexia) 

Long term health conditions 

An impairment or medical condition that is not listed above  

Please specify: …………………………………………..

Prefer not to say 

What is your race or ethnic group?[[7]](#footnote-7)

Asian or Asian British

Asian or Asian British - Chinese 

Asian or Asian British - Bangladeshi 

Asian or Asian British - Indian 

Asian or Asian British - Pakistani 

Any other Asian background, write in…………………………..

Black or Black British

Black or Black British - African 

Black or Black British - Caribbean 

Any other Black / African / Caribbean background, please write……………………..

Mixed / multiple ethnic groups

Asian or Asian British and white 

Black or Black British (African) and white 

Black or Black British (Caribbean) and white 

Any other Mixed / multiple ethnic background, please write.………………………….

Other ethnic group

Arab or Arab British 

Latin American/ Latinx or Latin American and British 

Any other ethnic group please write………………………..

White

English / Welsh / Scottish / Northern Irish / British 

Irish 

Gypsy or Irish Traveller 

Polish 

Portuguese 

Any other White background, please write …………………..

1. Adapted from suggested question wording in: EHRC (2011) Research report 75: Monitoring equality - Developing a gender identity question & Technical note: Measuring gender identity

https://www.equalityhumanrights.com/en/publication-download/research-report-75-monitoring-equality-developing-gender-identity-question [↑](#footnote-ref-1)
2. All categories can be expanded/ collapsed as preferred as long as start/ end age remains the same. 0-15 can be excluded if adult only survey. Source: Lambeth Residents Survey [↑](#footnote-ref-2)
3. Source: Lambeth Residents Survey [↑](#footnote-ref-3)
4. Source: Census 2011 [↑](#footnote-ref-4)
5. Source: Census 2011 [↑](#footnote-ref-5)
6. Based on feedback from Inclusion London. [↑](#footnote-ref-6)
7. Categories are based on Office of National Statistics 2015 Harmonised Concepts and questions and also aligns to Census 2011, but modified to include ‘British’ in the main ethnic groups. Additional categories such as Polish, Portuguese and Latin American have been added to reflect specific needs identified in these Lambeth Communities. Further categories may be added to reflect service users provided it remains possible to aggregate to the original Census question. [↑](#footnote-ref-7)