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Street trading licence application form: renewals

Please return this completed form by email to [street-trading@lambeth.gov.uk](mailto:street-trading@lambeth.gov.uk) along with copies of your 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.

Renewals are subject to the payment of all street trading fees being paid in full prior to application. Where there is debt on the street trading account of more than four weeks, the licence will not be renewed.

*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, 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 | |
|  | |
| 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 | |
| Your current licence number: |  |
| Current pitch number(s) and location: |  |
| Current commodity/ies on your licence number/ letter and description: |  |
| Current days and times of trading on your licence: |  |
| How long have you been a licensed trader in Lambeth? |  |
| Are you up to date with the payment of your street trading fees? | YES/ NO |
| If ‘No’ you must set out what you are doing to clear any outstanding amount that you owe the Council below: | |
| The named licence holder is required to be on their pitch for at least 80% of trading hours as a condition of the licence. Sub-letting will result in revocation action. | |

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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 |
| 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 | |
| What is your plan to make sure that you can afford to pay all of your pitch fees on time and in full? |  |
| What steps will you take to ensure minimal environmental impact? |  |
| Please give details of your social media/ web presence – e.g. website address |  |

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| 6.Type of products sold - 1 | |
| Do you sell any of the following: |  |
| Cosmetic products – including soaps and/or creams | Yes/No – If ‘Yes’ give details |
| Herbal remedy-type products | Yes/No – If ‘Yes’ give details |
| Cannabinoid-type products | Yes/No – If ‘Yes’ give details |
| Please note that if you are proposing to sell cosmetic products, herbal remedy-type products, or cannabinoid-based products, you will need to provide evidence of current clearances and documentation, and complete a separate form. Please contact the Markets Liaison Officer for more details. | |

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| 6.Type of products sold - 2 | |
| Do you sell any of the following: |  |
| Food - packaged | Yes/No – If ‘Yes’ give details |
| Food - fresh | Yes/No – If ‘Yes’ give details |
| Food - takeaway | Yes/No – If ‘Yes’ give details |
| Drink - hot | Yes/No – If ‘Yes’ give details |
| Drink - cold | Yes/No – If ‘Yes’ give details |
| Please note that if you are proposing to sell food and/or drink you are required to complete a Food Trader questionnaire, to be returned at least 28 days prior to trading. | |

Please note that all food traders are required to have all relevant checks and clearances in place, and a minimum Food rating of ‘3’ in order to be permitted to trade.

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| 1. Power supply |

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

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

7a. 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: …………………………………………………………………………………………..

All traders using electricity must complete the separate form re Electricity supply. Charges are applicable.

7b. 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. Street trading licence fees |
| 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. Applications will not be processed without a signature. |
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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. Traders are not permitted to set up outside of the times as specified on the street trading licence.  Please provide a photograph of your current stall set up. |
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| 10.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* |  |
| What goods are you storing? |  |

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| 1. Insurance |
| If your renewal 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. You need to attach copies of your insurance documents to your renewal application. |

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| 12.Disability |
| You're disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.  Do you have a disability for which you need an adaptation in order for you to trade.  YES/ NO |

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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). Please note that fees are still payable in full in these circumstances.

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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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/ NO | | | | |
| 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/ NO | | | | |
| 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 who is eligible to be nominated: *For the purposes of this section a person shall be treated as being related to another if the latter is the wife, husband, father, mother, grandfather, grandmother, stepfather, stepmother, son, daughter, grandson, grand- daughter, stepson, stepdaughter, brother, sister, half-brother or half-sister of the current licence holder and shall be deemed to be so related notwithstanding that they are so related only through an illegitimacy or in consequence of an adoption.*

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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 each assistant(s) taken in the last 12 months – only if registering a new assistant |  | |
|  |  | |
| Proof of identity (name) of applicant and for each assistant(s) – only if registering a new assistant |  | |
|  |  | |
| Proof of address of applicant and for each assistant(s) from within the last 3 months |  | |
|  |  | |
| Proof of National insurance number of applicant and assistant(s) |  | |
|  |  | |
| Completed food questionnaire (Food and/or drink 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 they are 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.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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.   |  |  | | --- | --- | | Signed: |  | | Name: |  | | Date: |  | |

|  |  |
| --- | --- |
| For completion by London Borough of Lambeth Markets and Street Trading only | |
| Site |  |
| Street |  |
| Date of receipt of application |  |
| Are all documents supplied and completed |  |
| 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)