

# Market trading licence Grant, renewal or registration application form

Office use only		Version: Dec 2011	Office receipt date stamp
Date of licence issue:		Vers	
'not applicable' or		If you do	on does not apply to you, please write not complete this form in full your Street Trading Office.
Notes for details of a accepted. (Please tic 1. Proof of identif 2. Proof of Nation	icceptable documents. You mi k ✓ the items you have includ	ust give us ed with this 4. Pr m 5. Ye	r application. Please see the Guidance originals; photocopies cannot be s form) roof of Address (less than 3 onths old) our bank details (if paying by irect Debit)
About you			
Title: 🗌 Mr 🗌 Mr	s Ms Miss Other	Date birth	
First name:		Last nam	le:
Address: (including postcode)			
Telephone number:		Mobile N	umber:
Email address:			
Name of your company:			
Registered address of your company: (including postcode)			
Registered company number:		Vat regis number:	tration
Do you need a permit (Please tick ✔ one bo		Do you l Yes	have a work permit?
Do you need special a disability? (Please tick ✓ one bo	assistance to work due to a x) Yes No	lf yes, w	vhat assistance do you need?

#### About the licence you are applying for

#### Please tick the street market(s) and write the pitch number(s) that you want to trade in.

Market	Please	Pitch
	tick (√)	number
Electric Avenue		
(Brixton)		
Popes Road		
(Brixton)		
Brixton Station Road		
(Brixton)		
Isolated pitches		

Are you applying for a new licence or a renewal? (Please tick  $\checkmark$  one box)

Which licence are you applying for? (Please tick  $\checkmark$  one box)

If you are applying for a new licence and you are currently registered with us as a temporary trader, how long have you been trading in Lambeth?

Which licence category are you applying for? (Please select from the category sheet)

Market Please Pitch number tick (✓) Lower Marsh (Waterloo) Isolated pitches -Fri - Sat only (Tunstall Rd) Non-Commercial -Mon – Thurs only (Tunstall Rd) Event or specialist site New licence Renewal . . Permanent Temporary **Event/specialist** Assistant

Which three goods, articles or items do you want to sell or what services do you want to supply from this category? (Please write the three commodities, giving the category number and commodity letter)

Commodity 1:	Category number and	
(Please describe)	commodity letter	
Commodity 2:	Category number and	
(Please describe)	commodity letter	
Commodity 3:	Category number and	
(Please describe)	commodity letter	

What is the address where your stall and the goods, articles or items to be sold will be stored? (Please include the postcode)

If you are applying for a category 4 licence for commodities c, b, d, h or i, you must an	swer the
following.	

Do you have a valid Food Hygiene certificate? (Please tick ✓ one box)	Yes	🗌 No	Not applicable
Have you registered as a Food Business in Lambeth? (Please tick ✓ one box)	Yes	🗆 No	☐ Not applicable
Have you had a Food Hygiene and Food Standards Inspection? (Please tick ✓ one box)	Yes	No	Not applicable
On which of your premises was the inspection carried out? (Please tick ✓ one box)	<ul> <li>Stall or trailer</li> <li>Food preparation area</li> <li>Both</li> </ul>		
Do you have a Periodic Inspection Report for your Electrical Installations? (Please tick ✓ one box)	Yes	🗆 No	☐ Not applicable
Do you have a Gas Safety Record for your gas installations? (Please tick ✓ one box)	Yes	🗆 No	Not applicable

Previous trading and other inform	ation				
Are you licensed or have you ever been given a licer street trade by another council? (Please tick ✓ one b If yes, please tell us the following.					
Which council gave you the licence?					
What was or is the licence number?					
What was or is your stall number?					
Which street was or is your stall located in? (Permanent traders only)					
What were or are your trading days?					
When did you stop trading and why?					
You can register up to four assistants if you are applying for a permanent licence, or two if you are applying for a temporary licence. You will need to get the signature of each assistant. Do you intend to employ an assistant(s)? (Please tick ✓ one box) Yes No If yes, you will need to ask them to complete the "Additional Information for Assistants" page(s). If you are given a permanent licence, you have the right to name a relative whom you would want to take over your license in the event of retirement, ill-health or death. If you are given a permanent licence, tell us the name and address of the relation you want your licence to be given to in the event of retirement, ill-health or death. (Please tick ✓ to state relationship) Perent / grandwarent / guardian					
If yes, you will need to ask them to complete the " If you are given a permanent licence, you have th to take over your license in the event of retirement If you are given a permanent licence, tell us the name	Additional Information for Assistants" page(s). e right to name a relative whom you would want nt, ill-health or death. e and address of the relation you want your ealth or death. (Please tick 🗸 to state relationship)				
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If yes, you will need to ask them to complete the " If you are given a permanent licence, you have th to take over your license in the event of retiremer If you are given a permanent licence, tell us the nam- licence to be given to in the event of retirement, ill-he Parent / grandparent / guardian Partner / sp	Additional Information for Assistants" page(s). e right to name a relative whom you would want nt, ill-health or death. e and address of the relation you want your ealth or death. (Please tick ✓ to state relationship) ouse				
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If yes, you will need to ask them to complete the " If you are given a permanent licence, you have the to take over your license in the event of retiremer If you are given a permanent licence, tell us the name licence to be given to in the event of retirement, ill-he Parent / grandparent / guardian Partner / sp Name: Address: Please answer yes or no to the following. Stating yes Have you ever been convicted of a criminal offence?	Additional Information for Assistants" page(s).         e right to name a relative whom you would want         ht, ill-health or death.         e and address of the relation you want your         ealth or death. (Please tick ✓ to state relationship)         ouse       Child / grandchild         s does not mean you will not be given a licence.         Yes       No				
If yes, you will need to ask them to complete the " If you are given a permanent licence, you have the to take over your license in the event of retiremer If you are given a permanent licence, tell us the name licence to be given to in the event of retirement, ill-he Parent / grandparent / guardian Partner / sp Name: Address: Please answer yes or no to the following. Stating yes Have you ever been convicted of a criminal offence? (Please tick ✓ one box) Have you ever been declared insolvent or bankrupt?	Additional Information for Assistants" page(s).         e right to name a relative whom you would want         ht, ill-health or death.         e and address of the relation you want your         ealth or death. (Please tick ✓ to state relationship)         ouse       Child / grandchild         s does not mean you will not be given a licence.         Yes       No				
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Your personal information will be held and used in accordance with the Data Protection Act 1998. The Council will not disclose such information to any unauthorised person or body but where appropriate will use such information in carrying out its various functions and services. The council may also use this data in connection with the prevention or detection of fraud or other crime.

#### 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:	
Date.	

You can register up to four assistants if you are applying for a permanent licence, or two if you are applying for a temporary licence. Each assistant will need to complete this form and sign the declaration.				
		n support of your application. We must have a tick ✓ the items you have included with this form)		
1. Proof of iden	tity	<ul> <li>4. Proof of Address</li> <li>(less than 3 months old)</li> </ul>		
	ional Insurance number ty insurance certificate	5. Your bank details (if paying by Direct Debit)		
About you (A	ssistant 1)			
Title: 🗌 Mr 🗌 Mi	rs 🗖 Ms 🗖 Miss 🗖 Other	Date of birth:		
First name:	-	Last name:		
Address: (including postcode)				
Telephone number:		Mobile Number:		
Email address:				
	owing questions by ticking one nean you are not eligible to be a	e of the boxes below (Please tick ✓ one box) a trading assistant.		
Do you need a permit t	o work in the UK?	🗌 Yes 📃 No		
Do you need special as	ssistance to work due to a disa	bility? 🗌 Yes 🗌 No		
Have you ever been co	nvicted of a criminal offence?	🗌 Yes 🗌 No		
Have you ever been de	clared insolvent or bankrupt?	🗌 Yes 📃 No		
Are you in receipt of a	ny state benefits?	🗌 Yes 🗌 No		
If yes, please state whi	ch ones.			
Are you licensed or ha street trade by another	ve you ever been given a licen · council?	ce to 🔲 Yes 🗌 No		
Which council gave yo	u the licence?			
What was or is your lic	ence number?			
What was or is your st	all number?			
Which street was or is	your stall located in?			
What were or are your	trading days?			
When did you stop trac	ding and why?			
Declaration				
I confirm that the infor if I give incorrect infor		and complete and I know that I may be prosecuted		

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	ional Insurance number ty insurance certificate	5. Your bank details (if paying by Direct Debit)		
About you (A	ssistant 2)			
Title: 🗌 Mr 🗌 Mi	rs 🗖 Ms 🗖 Miss 🗖 Other	Date of birth:		
First name:		Last name:		
Address: (including postcode)				
Telephone number:		Mobile Number:		
Email address:				
	owing questions by ticking one nean you are not eligible to be a	of the boxes below (Please tick ✓ one box) a trading assistant.		
Do you need a permit t	to work in the UK?	🗌 Yes 📃 No		
Do you need special as	ssistance to work due to a disa	bility? 🗌 Yes 🗌 No		
Have you ever been co	onvicted of a criminal offence?	🗌 Yes 🗌 No		
Have you ever been de	clared insolvent or bankrupt?	🗌 Yes 🔄 No		
Are you in receipt of a	ny state benefits?	🗌 Yes 🗌 No		
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	ional Insurance number ty insurance certificate	5. Your bank details (if paying by Direct Debit)		
About you (A	ssistant 3)			
Title: Mr Mr	rs 🗌 Ms 🔲 Miss 🗌 Other	Date of birth:		
First name:		Last name:		
Address: (including postcode)				
Telephone number:		Mobile Number:		
Email address:				
	owing questions by ticking one nean you are not eligible to be a	of the boxes below (Please tick ✓ one box) a trading assistant.		
Do you need a permit t	o work in the UK?	🗌 Yes 📃 No		
Do you need special as	ssistance to work due to a disa	bility? 🗌 Yes 🗌 No		
Have you ever been co	onvicted of a criminal offence?	🗌 Yes 🗌 No		
Have you ever been de	clared insolvent or bankrupt?	🗌 Yes 📃 No		
Are you in receipt of a	ny state benefits?	🗌 Yes 🗌 No		
If yes, please state whi	ich ones.			
Are you licensed or ha street trade by another	ive you ever been given a licen r council?	ce to 🔲 Yes 🗌 No		
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	ional Insurance number ty insurance certificate	5. Your bank details (if paying by Direct Debit)		
About you (A	ssistant 4)			
Title: 🗌 Mr 🗌 Mı	rs 🗌 Ms 🔲 Miss 🗌 Other	Date of birth:		
First name:		Last name:		
Address: (including postcode)				
Telephone number:		Mobile Number:		
Email address:				
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Have you ever been co	onvicted of a criminal offence?	🗌 Yes 🗌 No		
Have you ever been de	clared insolvent or bankrupt?	🗌 Yes 📄 No		
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Which street was or is	your stall located in?			
What were or are your	trading days?			
When did you stop trac	ding and why?			
Declaration				
I confirm that the infor if I give incorrect infor		and complete and I know that I may be prosecuted		

#### 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 tic	:k 🗸 one box)		I	do not want to fill in this section.	
White	British	Irish		Any other white background	
If <b>'Other',</b> please give details					
Mixed V	/hite and black	Caribbean		White and Asian	
	White and bla	ack African		Any other mixed background	
If 'Other', please give details					
Black, black British Car	ibbean	African		Any other black background	
If <b>'Other',</b> 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 <b>'Other',</b> please give details					
Are you: Male 🗌 Female 🗌	Do you co	nsider your	self to	have a disability? Yes 🗌 No	
If English is not your first language a Trading Office on 020 7926 0524.	and you need h	nelp filling i	n this	form, please contact the Street	t
Spanish Si desea esta información en rogamos nos llame al	otro idioma,	Bengali এই তথ্য অন্য হলে অনুগ্ৰহ		ভাষায় আপনার প্রয়োজন চান করুন	
Portuguese Se desejar esta informação no é favor telefonar para	outro idioma	Twi Se wope sa mu a fre	aa nka	eboy yi wo kasa foforo	
French Si vous souhaitez ces informations dans une autre langue veuillez nous contacter au		Yoruba Tí ẹ ba fẹ ỉ ẹ kàn wà l		yìí, ní èdè Òmíràn, ẹjộ,	
If you would like this informat language, please phone 020 7		print, Bra	aille,	on audio tape or in anoth	er

Please return this form by post or in person to: Business Compliance Team, 6th Floor, International House, Canterbury Crescent, London SW9 7QE