

Street trading licence application form: new trader and transfer

Before you apply, make sure you visit our markets to fact find and research the area.

Before completing this form please read the Guidance Notes and the Commodities Rules, which are available at www.lambeth.gov.uk/business-services-rates-and-licensing/licence-applications/street-trading-in-lambeth

* Ensure that your answers are written inside the boxes and are in black ink.
* Please complete all relevant sections and use additional sheets if necessary.
* You may wish to keep a copy of the completed form for your own records.

*If you are completing the application by hand, you will need to write in block capitals and submit a scanned copy of your completed form.*

You must answer all of the questions on this form and provide copies of all of the documents listed at the end of this application, for you and also for your assistants (if applicable). If a question does not apply to you, please write ‘not applicable’ or ‘n/a’ in the space given.

You and the assistant(s) will need to sign the relevant sections of the form.

Your application cannot be processed unless you complete this form in full and provide the copies of the documents required. Failure to do this will result in your application being invalid.

Please note that submission of a completed valid application form does not guarantee the allocation of a pitch.

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

Please note that we do not accept applications by post or in person.

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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 |  |
| By submitting these details you consent to your contact and address details being shared for the purpose of administering the street trading account and in relation to the recovery of any debt. | |

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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. | | |
| Current licence number: |  | |
| Current pitch number(s) and location: |  | |
| Current commodity: |  | |
| How long have you been a licensed trader in Lambeth? |  | |
| Is this an application to transfer?  Please note that this will mean giving up your current pitch(es) should your application be successful. | Yes/No | |
| 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.

\*\* Applications for isolated pitches will only be accepted for sites which are already designated and in use. A separate process and non-refundable fee apply to all applications to request to designate new pitch(es). Please see the Guidance Notes for further information.

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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.  To apply for a Permanent Street Trading Licence a trader must be a current Temporary Licence holder in Lambeth, and will not be considered for a Permanent Street Trading Licence until they have held their Temporary Licence for a minimum period of six months. The period of six months gives both the Council and the trader the opportunity to ensure a good fit.  If you are applying for a new licence and you are currently registered as a temporary trader, how long have you been trading in Lambeth? | 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. What do you wish to sell   5a. Please make sure that you have read and understood the Commodities Regulations before completing this section. | | |
| Commodity | Category number | Commodity Band letter |
| Commodity 1: please describe below |  |  |
| Commodity 2: please describe below: |  |  |

Please note that Temporary (casual) applications are not accepted in relation to Category 4 (Food).

5b. 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 |
| 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. Public liability insurance | |
| Name of insurance provider |  |
| Policy number |  |
| Valid from |  |
| Valid to |  |
| Sum insured |  |

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| 1. Employers’ liability insurance | |
| If you intend to/ employ assistant(s) you are required to have employers’ liability insurance. Please provide details below. | |
| Name of insurance provider |  |
| Policy number |  |
| Valid from |  |
| Valid to |  |
| Sum insured |  |

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| 1. Disability |
| Do you have a disability for which you would need an adaptation in order for you to trade. YES/ NO  This will be discussed with you if your application is successful. |

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| 14. 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 14a. 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  This 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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| 14b. 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  This 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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| 15. 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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| 16. Checklist: documents (copies only) to be submitted with all applications | | |
|  | YES (Tick) |
| All sections of application form completed |  | |
|  |  | |
| Copy of passport style photograph of the applicant taken in the last 12 months |  | |
|  |  | |
| Copy of passport style photograph of the 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) |  | |
|  |  | |
| Proof of public liability insurance: minimum of £5,000,000 third party liability insurance cover |  | |
|  |  | |
| Employers’ liability insurance cover: minimum of £10,000,000 employer’s liability insurance cover |  | |
|  |  | |
| 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)\* |  | |
| \* 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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| 17. 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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |  |
| 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, but it would help us greatly if you did. 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 

Do you identify, or have you ever identified, as trans\*?[[2]](#footnote-2)

Yes 

No 

Prefer not to say 

\*Trans is an umbrella term to describe people whose gender is not the same as the sex they were assumed to be at birth.

Which age group applies to you?[[3]](#footnote-3)

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?[[4]](#footnote-4)

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?[[5]](#footnote-5)

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 

Are you currently pregnant or on maternity leave?[[6]](#footnote-6)

Yes 

No 

Which of these best describes your religion? [[7]](#footnote-7)

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[[8]](#footnote-8)? (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?[[9]](#footnote-9)

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. Adapted from: https://www.stonewall.org.uk/sites/default/files/getting\_equalities\_monitoring\_right\_0.pdf [↑](#footnote-ref-2)
3. 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-3)
4. Source: Lambeth Residents Survey [↑](#footnote-ref-4)
5. Source: Census 2011 [↑](#footnote-ref-5)
6. Source: Lambeth Residents Survey [↑](#footnote-ref-6)
7. Source: Census 2011 [↑](#footnote-ref-7)
8. Based on feedback from Inclusion London. [↑](#footnote-ref-8)
9. 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-9)