

**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982**

**Application for [Grant]\*[Renewal]\* of a Street Trading [Licence]\*[Consent]\***

Where there is an \* please delete as appropriate.

Name of Applicant (This name will be on the licence) .....

Contact Address.....  
 .....Telephone No. ....Fax No.....

<sup>1</sup> Do you intend to employ another person (who must not be under the age of 17 years) to operate the stall on your behalf	<b>YES / NO</b>
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I wish to apply for the [grant]\* [renewal]\* of a Street Trading [licence]\* [consent]\* in accordance with Section 3 of and Section 4 to the Local Government (Miscellaneous Provisions) Act 1982.

<sup>2</sup> My present [licence]* [consent]* was granted on	
<sup>3</sup> My present [licence]* [consent]* expires on	

<sup>4</sup> The street in which I wish to trade is (A plan of the layout and position of the stalls must be included with this application)	
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<sup>5</sup> I wish to sell goods between the hours of (please describe)	am/pm* and	am/pm*
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<sup>6</sup> I wish to sell goods on the following days (please tick the appropriate box or boxes)	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
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<sup>7</sup> Do you want to sell goods on Special Days (e.g Bank Holidays) (please state which days)	
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Trading shall only take place between the requested times and on the requested days.

<sup>8</sup> Do you intend to set up the stall(s) before the time requested.	<b>YES / NO</b>
<sup>9</sup> What time do you intend to start setting up the stall(s)	am/pm*
<sup>10</sup> What time do you intend to start dismantling the stall(s)	am/pm*

Trading shall not take place whilst the stall(s) are being erected or dismantled.

<sup>11</sup> I wish the [consent]*[licence]* to be granted for	6 months £	12 months £
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Payment must be sent with application. (For short term consents, fee available on request.)

<sup>12</sup> The articles in which I wish to trade are (please describe)	
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<sup>13</sup> If you are intending to sell food:	1. State the Registering Authority. 2. Please contact an Arun District Council food officer to arrange an inspection.
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**PTO.....**

<sup>14</sup> How many stalls do you intend to have (please state number)

<sup>15</sup> What size are the stalls (please state size in metres)

metre(s) by

metre(s)

If there are a number of stalls/vendors, please attach a list including name, address and trading articles of each vendor. (The application will be considered incomplete without this information and the issue of the licence/consent may be delayed).

<sup>16</sup> The type of stall or container which I wish to use is (please give a description, including dimensions, as appropriate)

<sup>17</sup> Insurance Company:

Name:

Address:

Telephone No

Fax No

- <sup>18</sup> I enclose evidence with this application that I am the holder of a current insurance policy which insures me against liability for any injury or damage sustained by a third party or their property as a result of my trading activities (minimum £10,000,000).
- <sup>19</sup> I declare that I am not under the aged of 17 years.
- <sup>20</sup> I enclose two photographs of myself with this application.
- <sup>21</sup> I have contacted a food officer at the Environmental Health Department\* / I do not intend to sell food\*.
- <sup>22</sup> I have included the list of stall holder's details\* / I will only be using one stall.\*
- <sup>23</sup> I have included the appropriate fee.

**NOTES.**

DATA PROTECTION: The information contained in this form will be used by Arun District Council for the purposes indicated and will be further used or transferred to other organisations or individuals, **only** as the law permits.

A consent or licence does NOT provide a Concession or Planning Permission for this site, if one is needed. Please ensure that you contact the Concessions Section and Planning Dept. before proceeding with this application.

I have read the above information and completed the form accurately to the best of my knowledge and belief.

Date ..... 20.....

Signed .....

Please return this form to:- Environmental Health, Arun District Council, Arun Civic Centre, Maltravers Rd, Littlehampton, West Sussex, BN17 5LF.

Tel. No 01903 737500

Fax No. 01903 723936