

# **Tonbridge & Malling Borough Council Street Trading Consent Application**

## Part 1 – Applicants details

This application must be completed by an individual

Name of Applicant	
Name of Applicants Business or Trading Name	
Applicants Business Address (where business is registered)	
Registered Business Number (if applicable)	
<b>Applicants Home Address</b> (If different from the business address)	
Applicants Email Address	
Applicants Contact Number	
Applicants Date of Birth	
Applicants Place of Birth	
Applicants National Insurance Number	

## Part 2 - Company Details

You must provide details of all COMPANY DIRECTORS and the SECRETARY (if the applicant is a company), all PARTNERS (if it is a partnership), OFFICE BEARERS (if it is a club or association), all OWNERS of the business or premises and all MANAGERS of the business or organisation, including day-to-day MANAGERS OF THE PREMISES.

Please provide details below and continue on a separate sheet if there are more individuals to name.

## **Additional Applicant 1**

Full Name
Position within the Business
Address
Contact Email Address & Telephone Number
Additional Applicant 2
Full Name
Position within the Business
Address
Contact Email Address & Telephone Number

# Part 3 – The Application

Please select the type of application you are applying for –

New	
Renewal	
Variation	
What do you want to trade?	Please give full details below of the items you wish to sell.
Does this include selling Food	& Drink?
Yes	
No	
If Yes, please provide details o	of your Food registration.
Registered Trading Name	
Applicant Named on this registration	
Local Authority who the business is registered with	
Date of last inspection	
Current Hygiene Rating	
Where are the goods stored w	hen not on sale?
Are you applying for Mobile o	r a Stationary Pitch?
Mobile	
Stationary	

## Part 4 - Where and when do you want to Trade?

Please complete all days that you wish to trade and leave BLANK the days you do not. Please complete the time in 24 hours clock showing the start end of the trading time. If your application is successful, you will be granted 30 minutes set up and 30 minutes close down time additional to the times applied for.

With regards to the location, please specify the Road Name and Town/Village/Area. As part of this application, you must submit a plan and photographs showing each location. If you are applying to trade as Mobile in more than one location, please use markers (for example, location 1, 2 or 3).

Monday	
Times (from and until)	
Location	
Tuesday	
Times (from and until)	
Location	
Wednesday	
Times (from and until)	
Location	
Thursday	
Times (from and until)	
Location	
Friday	
Times (from and until)	
Location	
Saturday	
Times (from and until)	
Location	
Sunday	
Times (from and until)	
Location	

# Part 5 - Details of your Vehicle, Stall or Container

## Will you be using a Vehicle to Trade from?

As part of the application, you will be required to provide photographs of the vehicle.

Yes	
No	
If yes, please complete the det	ails below
Vehicle Make	
Vehicle Model	
Vehicle Colour	
Vehicle Registration Number	
Dimensions of the Vehicle and area needed	
	e required to provide photographs of the planned set up of your items.
Dimensions and the area needed	

As well as the vehicle or set up described, do you need to include any other items for consideration with this application? If yes, please provide the number of items and documentation showing images and sizes/dimensions. You should also include a plan of where the additional items will be placed in relation to the vehicle or stall.

Tables and/or Chairs	
Awning/ Umbrellas	
Advertising Boards (other than those attached to the vehicle or stall/container)	
Waste receptacles	
Generators (other than those attached to the vehicle or stall/container)	
venicle of stan/containery	
Is there anything not listed above that you wa	ould like to be considered as part of your
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# Part 6 – Public Liability Insurance

Please provide details of your public liability insurance, you will also need to submit a copy of your
insurance certificate as part of this application.

	'
Insurance Provider	
Policy Number	
Period of Cover	
Amount of Cover	
Part 7 – Previous Applications	
Have you, or any person named for a similar licence or registrat	I in or associated with this application, previously applied ion? (Check all that apply).
No	
Yes - Granted	
If granted, by which authority?	
Yes – Granted and Revoked	
Yes – Refused	
If Revoked or Refused, please g Revoked or refused the applica	ive details for the reason and the Local Authority who tion
Part 8 – Previous Convictions	
Have you, or any person named any relevant crime or offence?	I in or associated with this application, been convicted of
For a full list of relevant convictions, I	please refer to our Policy (Annex B)
Yes	
No	

if yes, please give full details below, if necessar	ry, please continue on a separate sheet.
Name of person who received the conviction	
Position in the business	
Details of Convictions, Cautions, Reprimands and Warnings, giving details of dates.	
Date of Offence	
Outcome/Sentence/Fine imposed	
As part of your application, you a required to s The Certificate can be applied for through the	ubmit a Basic DBS certificate, no more than one month old. gov.uk website
Request a basic DBS check - GOV.UK (www.gov.uk)	
Part 9 - Additional Information  If you wish to provide any additional in  do so here.	formation in support of your application, please

## Part 10 – Assistants & Employees

You must supply the details of all assistants and employees who work at any/all consent location(s) when the consent holder is not present.

Please complete the Assistant & Employees application form and submit it with their supporting documentation with this application form.

### Part 11 - Checklist

Before submitting your application, please take time to check you have all the required documents for this application. Failure to supply any of the below will result in your application being invalid.

This completed application form (incomplete applications will be automatically rejected)	
A photograph of yourself (if you will be working at the location(s) so we can issue you an ID badge) This should be taken against a plain, light background and emailed to us.	
Location Map(s)	
Photographs of Location(s)	
Photographs of your Vehicle, Stall or Container	
Images of any extra items at the site	
A plan of where any additional items will be placed	
Copy of your Public Liability Insurance	
The original basic DBS certificate ( <u>please do not send via email</u> , we require the original certificate to be sent to: Licensing Dept, TMBC, Gibson Building, Gibson Drive, Kings Hill, Kent ME19 4LZ)	
Assistants & Employees Application Form and supporting documentation	
Signed declaration at Part 12	
Part A Fee	

#### Part 12 - The Declaration

#### I / we declare that:

- 1. All answers given on this form are true.
- 2. I/we authorise the Council to make enquiries of any person's etc named on this form.
- 3. We must protect the public funds we handle, by signing this form you give us permission to use the information you have provided on this form to detect and prevent fraud. We may also share this information, for the same purposes, with other organisations which handle public funds.
- 4. I/we had read and understood the Street Trading policy and are familiar with the requirements and conditions.
- 5. No refund on withdrawn applications.
- 6. All applicants must sign this form.

Applicants Name	
Applicants Signature	
Date	
Applicants Name	
Applicants Signature	
Date	
Applicants Name	
Applicants Signature	
Date	