

**APPLICATION FOR STREET TRADING CONSENT - LOCAL GOVERNMENT
(MISCELLANEOUS PROVISIONS) ACT 1982 SCHEDULE 4**

Appendix A



Application for a licence to trade at a specified location(s). Please complete all questions on the form. If you have nothing to record, please state 'not applicable' or 'none'. If you are completing this form by hand, please write legibly in block capitals.

Type of Application

Static trader Mobile trader

Grant

Renewal

12 Month Consent

6 Month Consent

Other period (please specify)

Are you seeking to trade at different locations on a rota system? Yes No

Part 1 – Personal details (licence is held in the name of an individual and cannot be held in a company name)

1. Full name of applicant (must be individual) **HUSEYIN KASAP**

2. Home address (including postcode)
[REDACTED]

3. Date of birth [REDACTED]

4. Email address [REDACTED] 5. Telephone number [REDACTED]

6. Trading name of business (if any)

Part 2 – Details of activity

7. Days you wish to trade

Monday	<input checked="" type="checkbox"/>	Tuesday	<input checked="" type="checkbox"/>	Wednesday	<input checked="" type="checkbox"/>	Thursday	<input checked="" type="checkbox"/>
Friday	<input checked="" type="checkbox"/>	Saturday	<input checked="" type="checkbox"/>	Sunday	<input checked="" type="checkbox"/>		

8. Where do you wish to trade? (Give street name and exact location(s) and provide a plan(s))
**CHELTENHAM RUGBY CLUB, NEWLANDS PARK, SOUTHAM LANE,
CHELTENHAM, GL52 3PE**

9. Please give times you wish to trade - if you are applying to trade on a rota of locations, please give the times and dates at the different locations.

16:00 - 23:00.

10. If trading on private land do you have written authority from the Landowner / Tenant Yes No
Provide contact details including a contact telephone number

LETTER ATTACHED

11. Describe the structure from which you intend to sell goods or services (e.g. stall, vehicle, stand etc.)

TRAILER

and give approximate size

Length	Width	Height
16 FT	7 FT	

12. Articles, goods, or services in which you wish to trade

- | | | | | | |
|----------------------|--------------------------|-------------------------|--------------------------|--------------------------------|-------------------------------------|
| Clothing | <input type="checkbox"/> | Flowers | <input type="checkbox"/> | Fruit & Vegetables | <input type="checkbox"/> |
| Pre-packed Groceries | <input type="checkbox"/> | Household Goods | <input type="checkbox"/> | Toiletries & Cosmetics | <input type="checkbox"/> |
| Kitchen / Dining | <input type="checkbox"/> | Soft Furnishings | <input type="checkbox"/> | Electrical & Audio/Visual | <input type="checkbox"/> |
| Travel Accessories | <input type="checkbox"/> | Jewellery & Accessories | <input type="checkbox"/> | Stationary | <input type="checkbox"/> |
| Toys | <input type="checkbox"/> | Tools, DIY & Gardening | <input type="checkbox"/> | Furniture | <input type="checkbox"/> |
| Sports Equipment | <input type="checkbox"/> | Pet Supplies | <input type="checkbox"/> | Arts & Crafts | <input type="checkbox"/> |
| Textiles | <input type="checkbox"/> | Miscellaneous | <input type="checkbox"/> | Hot & Cold Food (ready to eat) | <input checked="" type="checkbox"/> |

Other (please specify) :

Part 3 – Details of assistant(s) (use additional sheets as required)

16. Full name of assistant (nominated to assist you)

17. Home address (including postcode)

18. Full name of assistant (nominated to assist you)

19. Home address (including postcode)

Part 4 – Details for food traders**20. Sale of Food Only**

(a) Name and contact telephone number of the Local Authority where the business is registered

(b) Give details of Food Hygiene training for you and any staff (e.g. Foundation in Food Hygiene Certificate)

Name: Qualification: Date:

Name: Qualification: Date:

(c) State the type of food(s) which will be sold

KEBABS, BURGERS, CHICKEN, SALAD, HOT & COLD DRINKS

(e) Is there a documented hazard analysis system, such as Safer Food Better Business (SFBB) for your food operation? Yes No

(f) Please state what hand washing equipment you will use, e.g. sole use portable WHB/shared use WHB

SOLE USE HANDWASH

(g) Please state what equipment washing facilities you will use, e.g. single sink/double sink

DOUBLE SINK

Part 5– Further details21. Have you traded in this borough before? Yes No

If yes give details

22. Do you hold a street trading licence in this or any other borough? Yes No

If yes give details

Part 6 – relevant offences**23. Have you been convicted of any offence involving:-**

Dishonesty, theft, or fraud Yes No

Violence Yes No

Indecency Yes No

24. Have you been convicted of any offence involving non-compliance with requirements relating to:-

Public Health Yes No

Health & Safety at Work Yes No

Food and Food Hygiene Yes No

Trading Standards Yes No

Fair Trading Yes No


Part 7 – Important Notes**The following MUST be submitted with your application**

- a) The appropriate fee.
- b) Two full face passport sized photographs of the applicant and any assistants
- c) Scaled plan which shows the location that you wish to trade from and photograph of the stall/trailer
- d) Evidence of Public Liability Insurance cover to the minimum value of £2,000,000 for the pitch
- e) Proof of right to work in the UK for the applicant and any assistants

Part 8- Signature

The form must be signed by the applicant.

I wish to apply for a street trading licence and confirm that the information given by me on this form is correct. I realise that giving false information could lead to prosecution and the loss of any licence granted.

Signature: 

Print Name: HUSEYIN KASAP

Date: 11/04/24