



# APPLICATION FOR STREET TRADING CONSENT

## LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

Before completing this form please read the GUIDANCE NOTES included in the pack.

If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written or typed in black ink.

I hereby apply for the grant/renewal of a Street Trading Consent for:

- TWO DAYS
- ONE WEEK
- SUMMER SEASON
- TWELVE MONTHS
- A SPECIAL EVENT  Please specify.....

### 1. YOUR PERSONAL DETAILS:

TITLE (delete as appropriate): Mr Mrs Miss Ms Other (please state)

SURNAME:

NATIONAL INSURANCE NUMBER:

FORENAMES:

HOME ADDRESS:

DATE OF BIRTH:

PREVIOUS NAMES (if relevant) please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary.

TELEPHONE NUMBER:

Do you have any unspent convictions? If yes, please give details overleaf.

You must provide details for each conviction, the date of conviction, the name and location of the convicting court, offence of which you were convicted and the sentence imposed. Continue on a separate sheet if necessary.

Place and Date of Offence	Offence	Court/Police Station	Date of Conviction	Penalty

**Declaration:** I declare that I do not have any unspent convictions.

**SIGNATURE:**

**DATE:**

.....

It is an offence to knowingly or recklessly make a false statement in or in connection with an application for the grant or renewal of a street trading Consent.

**Have you ever been refused a street trading licence or Consent?  
Please give details below.**

**2. ASSISTANT DETAILS:** (maximum of two assistants and must be aged 16 or over)

**Full name of assistant:  
(Mr/Mrs/Miss/Ms)**

**Full name of assistant:  
(Mr/Mrs/Miss/Ms)**

**Maiden Name:**

**Maiden Name:**

**Date of Birth:**

**Date of Birth:**

**National Insurance Number:**

**National Insurance Number:**

**Home Address of Assistant:**

**Home Address of Assistant:**

**3. TRADING DETAILS:**

Are you trading as:

**If you are trading as a Partnership please supply full details of all partners**

**Sole Trader:**

**Partnership:**

**Registered Company:**

**Trading Name:**

**If you are trading as a company please give details of the registered office of the company and the details of the company secretary**

**Type of Goods Being Sold:**

**Proposed Hours of Trading:**

**Proposed Location: (In the case of a static location please give at least three preferred options)**

  
  

**Type of vehicle to be used: Barrow, Stall, Van**

**Registration number of vehicle if relevant**

**Proposed start date**

**Are you applying for any of Gateshead Council's Street Trading Consent Standard Conditions to be disapplied in your case? Y/N**

**If yes, please specify below**

Condition No	Reason for disapplication

**If you are trading from private land you must obtain the landowner's consent.**

**I have enclosed a copy of the landowner's written consent to trade at the specified location.**

**DECLARATION**

I hereby apply for the grant of a Street Trading Consent and understand if my application is successful I will be required to produce evidence of appropriate public and product liability insurance to cover a minimum value of £5,000,000.

**I certify that the above information is correct to the best of my knowledge.**

**Signature of applicant: .....**

**Date: .....**

**When completed, this application should be returned to the address below, together with the appropriate fee and documentation. Cheques/postal orders should be made payable to Gateshead Council.**

Licensing Section, Regulatory Services, Civic Centre,  
Regent Street, Gateshead, NE8 1HH