

North Norfolk District Council



APPLICATION FOR STREET TRADING CONSENT

Please forward this application to the Licensing Team, Environmental Health Department, North Norfolk District Council, Council Offices, Holt Road, Cromer, Norfolk, NR27 9EN.

Please answer all questions using BLOCK LETTERS - and ensure the attachments requested are included with the form - any missing or unclear information WILL result in the form being returned to you.

Full Name:
Home address:
Daytime telephone number:
Date of Birth (if over 21 write 'over 21')
If this application relates to a non-commercial fund-raising, please give details relating to the beneficiaries of the proceeds:

I hereby apply for Consent authorising me to act as a Street Trader in the location described below within the District of North Norfolk.

<p>In which street do you wish to trade?</p> <p>Please attach a detailed plan showing the exact site and indicating the ownership of the land together with a letter of authorisation - (see explanatory notes).</p>
<p>During which month(s) do you wish to trade?</p>
<p>On which days do you wish to trade?</p>
<p>During which times do you wish to trade?</p>
<p>Describe the articles in which you wish to trade.</p> <p>If food, state whether cooked, uncooked, hot/cold, pre-packed, unwrapped etc.</p>
<p>Describe the vehicle, stall or container you wish to use in connection with the trading of the above-mentioned articles - include dimensions and enclose a photograph of the vehicle, stall or container.</p>
<p>Have you ever been refused a Street Trader's Licence or Consent in this or any other area?</p> <p style="text-align: center;">YES / NO</p>
<p>If YES, please give full details</p>
<p>Are there any prosecutions against you, pending?</p> <p style="text-align: center;">YES / NO</p> <p>If YES, please state:</p> <p style="padding-left: 40px;">Alleged Offence:</p> <p style="padding-left: 40px;">Date of Court Hearing:</p>

DETAILS OF PREVIOUS CONVICTIONS

(All convictions must be declared - motoring & criminal)

Date of conviction suspended)	Offence	Sentence (incl.
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**NB Spent convictions, as defined overleaf, need not be included
If no convictions - enter 'NIL'**

DETAILS OF PUBLIC LIABILITY INSURANCE

Name & Address of Insurance Company

Policy Number:

Expiry Date:

Amount of cover:

DECLARATION

I declare I have checked the information given on this application form and to the best of knowledge and belief, it is correct. The required fee is enclosed .

(N.B. A false declaration in respect of the above may result in considerable fine)

Signed:

Print Name:

Dated: