Street Trading Consent Application Form 2013/2014

I/we apply under the provisions of the Street Trading Act for a

Street Trading Consent. Please complete a separate application form for each pitch if you wish to be considered for more than one. I/we submit the following particulars:

1. First Applicant		
Name		
Address		
Postcode Telephone		
Email Address		
2. Second Applicant		
Name		
Address		
Postcode Telephone		
Email Address		
3. Trading Name (if any)		
4. Description of articles to be sold		
Have you traded in Cambridge before? If yes, give details, if you are renewing your licence please state the number of the pitch you are reapplying for.		
6. Have you traded in any other City/Town? If yes, give details. If you are reapplying please state how long you have traded on that current pitch.		
7. Please attach photocopy of your public liability insurance (only needed if offered a pitch)		
8. Will you be the sole operator of the street trading unit? If no, how often will you operate the street trading unit?		

	If the answer to 8 is no, who will operate the street trading unit? (Include date of birth)
10	Type of street trading unit please include description and photograph of street trading unit and person in appropriate dress – Please attach evidence of how your street trading unit meets the assessment criteria as set out in the Council's Street Trading Policy.
	Please include evidence of how you meet the councils assessment criteria of food
	hygiene as set out in the Council's Street Trading Policy.
	. Address of where food and stall will be stored
13	Are you registered with your Local Authority under thee Food Premises (Registration) Regulations 1991? YES / NO
	. Please state how you dispose of the waste from the pitch?
	. Do you use a power supply? If yes what power source do you use? LPG, electrics
16	.Any other details to support your application
17	Preferred trading site – pitch no
	Period of consent (i.e. 12, 8, 6 months)
	Proposed days and times of trading
	Please state if you have decided on any potential business or street trading unit enhancements, that you intend to implement within the next 12 months (please include description and photograph).
Się	gned Date
Pri	nt Name
Siç	gned Date
Pri	nt Name

Please return this form to:

City Centre Management, Cambridge City Council, PO Box 700, Cambridge, CB1 0JH.