



## APPLICATION FOR A STREET TRADING CONSENT

(LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982)

### Grant / Renewal

RETURN TO: LICENSING  
 LANDMARK PLACE  
 HIGH STREET  
 SLOUGH  
 SL1 1JL

I / ~~WE~~ apply under the provisions of the above Act for a street trading consent and submit the following particulars. I / ~~WE~~ undertake to comply in full with the Council's general conditions applying to street trading consents and with any special conditions which may be specified in the consent.

#### APPLICANT (fill in as applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Surname <i>ANJUM</i>			First names <i>SABASTINE</i>		
Date of birth [REDACTED]					
Current address [REDACTED]					
Post Town	<i>SLOUGH</i>			Postcode	[REDACTED]
Daytime contact telephone number [REDACTED]					
E-mail address (optional) [REDACTED]					
National Insurance Number [REDACTED]					

#### SECOND APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Surname				First names	

<b>Date of birth</b>			
<b>Current address</b>			
<b>Post Town</b>		<b>Postcode</b>	
<b>Daytime contact telephone number</b>			
<b>E-mail address (optional)</b>			
<b>National Insurance Number</b>			

Is the application being made on behalf of a partnership?  
 If 'yes' please complete the following section;

Yes  No

**PARTNER** (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>					
<b>Current address</b>					
<b>Post Town</b>		<b>Postcode</b>			
<b>National Insurance Number</b>					

**SECOND PARTNER** (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>					
<b>Current address</b>					
<b>Post Town</b>		<b>Postcode</b>			
<b>National Insurance Number</b>					

**PROOF OF IDENTITY & RIGHT TO WORK**

**Photographic identification and proof of right to work is required for all applicants & partners.** A passport (and appropriate visa where necessary) **MUST** be produced along with 2 of the following:

- Driving Licence
- Birth Certificate / Marriage Certificate
- Utility Bill / Bank statement
- National Insurance Number or any other form of identification the Council deems fit

Sole Trade r <input checked="" type="checkbox"/>	Limited Compan y <input type="checkbox"/>	Partnershi p <input type="checkbox"/>	Other(pleas e specify)
<b>Business Name</b>		ANJUM'S	
<b>Business Address</b>		[REDACTED]	

**DURATION OF CONSENT BEING APPLIED FOR:**

Annual  6 months  3 months  1 month  Weekly  Daily

Is the applicant trading at present? Yes  No

How long has the applicant been trading? N/A

**CURRENT / PROPOSED TRADING SITES(s)** - precise location(s) to be specified along with an acceptably prepared plan.

<b>Address of trading location</b>	[REDACTED]
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Plan attached: Yes  No

Is trading taking place on private land? Yes  No

Has the owner's permission been given?  
(Please submit written consent) Yes  No

**LAND OWNERS DETAILS** (to be completed if trading is taking place on private land)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
<b>Surname</b>				<b>First names</b>	
<b>Current address</b>					
<b>Post Town</b>				<b>Postcode</b>	
<b>Contact telephone number</b>					
<b>E-mail address</b>					

**PROOF OF IDENTITY & RIGHT TO WORK**

**Photographic identification and proof of right to work is required for all nominated assistants.** A passport (and appropriate visa where necessary) **MUST** be produced along with **2** of the following:

- Driving Licence
- Birth Certificate / Marriage Certificate
- Utility Bill / Bank statement
- National Insurance Number or any other form of identification the Council deems fit.

**FIRST NOMINATED ASSISTANT**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
<b>Surname</b>				<b>First names</b>	
<b>Date of birth</b>					
<b>Current address</b>					
<b>Post Town</b>				<b>Postcode</b>	
<b>National Insurance Number</b>					

**SECOND NOMINATED ASSISTANT**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
<b>Surname</b>				<b>First names</b>	
<b>Date of birth</b>					

<b>Current address</b>			
<b>Post Town</b>		<b>Postcode</b>	
<b>National Insurance Number</b>			

**THIRD NOMINATED ASSISTANT**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>					
<b>Current address</b>					
<b>Post Town</b>		<b>Postcode</b>			
<b>National Insurance Number</b>					

**FOURTH NOMINATED ASSISTANT**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>					
<b>Current address</b>					
<b>Post Town</b>		<b>Postcode</b>			
<b>National Insurance Number</b>					

**FIFTH NOMINATED ASSISTANT**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>					
<b>Current address</b>					
<b>Post Town</b>		<b>Postcode</b>			
<b>National Insurance Number</b>					

Do the applicant(s) or nominated assistants have the necessary food safety training to meet current legal requirements? - Evidence **MUST** be produced at time of application.

Yes  No

**REQUESTED TRADING TIMES (please use 24 hour clock).**

	Start time	Finish time
Monday	19:00 pm	23:00
Tuesday	19:00	23:00
Wednesday	19:00	23:00
Thursday	19:00	23:00
Friday	19:00	23:00
Saturday	19:00	23:00
Sunday	19:00	23:00
Seasonal Variations:		

Has the applicant been licensed with another local authority?

Yes  No

If 'yes', please specify: \_\_\_\_\_

Has the applicant ever had a Street Trading Consent/Licence suspended or refused?


Yes  No

If 'yes', please specify the Licensing Authority: \_\_\_\_\_

Does the applicant have the required Public Liability Insurance (£5m)? - Evidence **MUST** be produced at time of application.

Yes  No

<p><b>Full details of any vehicles, stall, trolley stand etc to be used in the course of trading.</b> (Include registration/fleet number, height, width, length, colour)</p>	<p>Mobile Catering van Iveco Daily, white SF04 PWE</p>
<p><b>Description of goods / articles</b></p>	<p>Food (grilled chicken, chips, drinks)</p>

<b>to be sold.</b> (E.g. hot / cold food, fruit and vegetables etc).	
<b>Address of premises or location where vehicle, stall, trolley, stand and any food will be stored when not in use.</b>	

### INSPECTION

The vehicle / stand / stall / trolley where trading is taking place must be inspected by a Licensing Officer prior to a Street Trading Consent being issued. Please contact the Licensing Office to arrange an inspection.

Please specify your preferred inspection location: 

### Application Check List

- I have enclosed the completed application form.  
(New applicants will be required to submit 9 copies)
- I have enclosed a plan of the site / location.  
(New applicants will be required to submit 9 copies)
- I have enclosed the completed declaration of convictions & cautions for applicant(s) & nominated persons.
- I have enclosed payment of fee.
- I have enclosed the basic Criminal Record Bureau disclosure (if applicable) for applicant(s) and nominated persons.
- I have enclosed a passport size photograph of applicant(s) and nominated persons.  
(A digital image can be emailed to [licensing@slough.gov.uk](mailto:licensing@slough.gov.uk))
- I have enclosed proof of right to work for all applicant(s) and nominated persons.
- I have enclosed 2 additional forms of identification for each applicant & nominated persons.
- I have enclosed a copy of the Public Liability Insurance.
- I have enclosed Food Safety / Hygiene certificates for all nominated persons.
- I have enclosed a colour photograph of any vehicles, stall, trolley, stand etc.  
(A digital image can be emailed to [licensing@slough.gov.uk](mailto:licensing@slough.gov.uk)) *emailed to account*
- I understand that if I do not comply with the above requirements my application will be rejected.

Please note that digital images of the applicant, nominated persons and vehicle etc may be emailed to [licensing@slough.gov.uk](mailto:licensing@slough.gov.uk). Images should be named and referenced to your application.

**TO BE COMPLETED BY ALL APPLICANTS**

Please ensure that you have checked the application form fully before submission AND that you have read the revised – Street Trading Consents – General Conditions.

**DECLARATION**

The information contained in this form is correct to the best of my knowledge and belief. (It is an offence knowingly or recklessly to make a false statement. A person is to be treated as making a false statement if he/she produces, furnishes, signs or otherwise makes use of a document that contains a false statement)

Applicant Name:.....*SABASTINE ANJUM*.....

Signed..........Dated.....*02/09/18*.....

Applicant Name:.....

Signed:.....Dated:.....

Applicant Name:.....

Signed:.....Dated:.....





## Street Trading Consent Application Declaration of Convictions & Cautions

### TO BE COMPLETED BY ALL APPLICANTS, PARTNERS & NOMINATED ASSISTANTS

When submitting an application for Street Trading Consent, you are required to declare all convictions and cautions you may have by virtue of the Rehabilitation of Offenders Act 1974. Any spent convictions must be disclosed.

Have you ever had any;

- a) Convictions      Yes       No
- b) Cautions          Yes       No

### TO BE COMPLETED BY ALL APPLICANTS, PARTNERS & NOMINATED ASSISTANTS

Date	Offence
Court	Result / Sentence
Date	Offence
Court	Result / Sentence
Date	Offence
Court	Result / Sentence
Date	Offence
Court	Result / Sentence

Please continue on separate sheet if necessary.

Are you currently on bail or subject of any outstanding charge or summons? If 'YES', please give full details below.

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Name:       Signature:

Date:

## Application For street trading consent

Location for Mobile catering van



The parking spaces are regulated between 8am-7pm. Our proposed time is after 7pm.





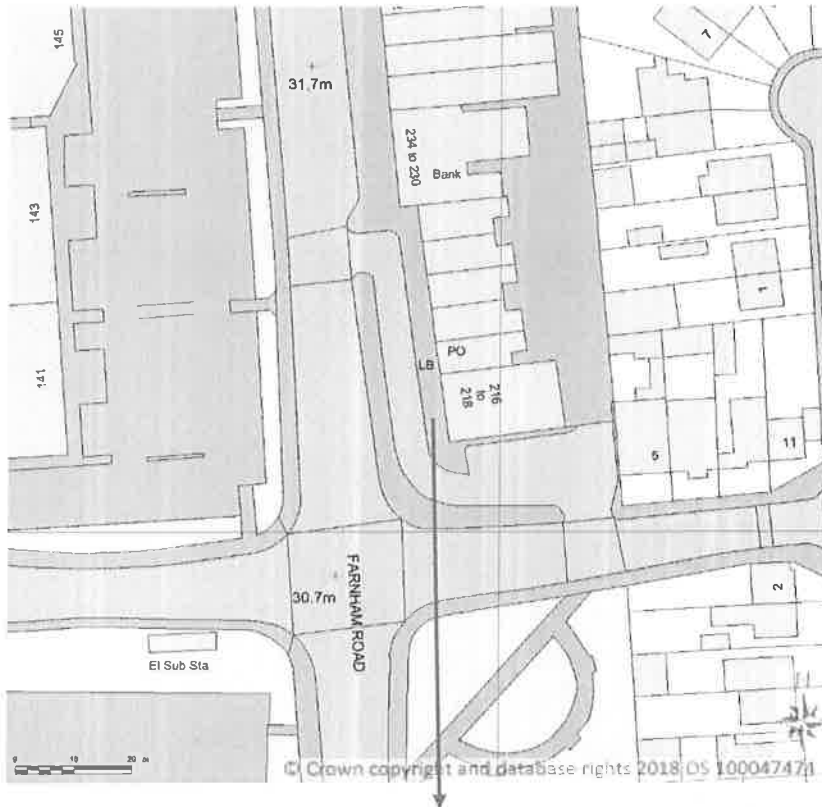
Another view of the location.

**SITE LOCATION PLAN**

**AREA 2 HA**

**SCALE 1:1250 on A4**

**CENTRE COORDINATES: 496186, 181325**



Location as shown on the map, is a side road, from the main from road (Farnham road). The location has a set of shops with parking outside, the proposed location is a parking area, where a previous pitch was set up.