

**APPLICATION FOR A MARKET LICENCE
 PART III FOOD SAFETY ACT 1984
 SECTION 37 LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982**

I / WE apply under the provisions of the above Act's' for a market licence and submit the following particulars. I / WE undertake to comply in full with the Council's Market Licensing Standard Terms and Conditions applying to a market licence and with any additional or special conditions which may be specified in the licence agreement.

MAIN APPLICANT - OPERATOR

Mr <input type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Company/Business Name Slough Town Centre BID Limited			Company/Business Address 2 nd Floor, 135-137 High Street, Slough SL1 1DN		
Operator Surname Parker			First names Clarissa		
Date of birth:					
Current address					
Post Town				Postcode	
Daytime contact telephone number					
E-mail address					
National Insurance Number					

Is the application being made on behalf of a partnership? Yes No
 If 'Yes' please complete the following section;

SECOND APPLICANT - OPERATOR

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Company/Business Name			Company/Business Address		
Surname			First names		
Date of birth					
Current address					
Post Town				Postcode	

Daytime contact telephone number	
E-mail address	
National Insurance Number	

PROOF OF IDENTITY & RIGHT TO WORK

Photographic identification and proof of right to work is required for all Operators and Traders. 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

DURATION OF CONSENT BEING APPLIED FOR:

1 monthly Weekly Daily Other _____ 365 days

Is the applicant trading at present? Yes No

How long has the applicant been trading? _____

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

Address of trading location	Curve Plaza, Town Square Slough and High Street, Slough
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REQUESTED TRADING TIMES (please use 24 hour clock).

	Start time	Finish time
Monday		
Tuesday		
Wednesday		
Thursday	06.00	18.00
Friday	06.00	18.00
Saturday	06.00	18.00
Sunday	18.00	18.00
Seasonal Variations:		

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

IF NOT SLOUGH HIGH STREET - 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	
Surname				First names	
Current address					
Post Town				Postcode	
Contact telephone number					
E-mail address					

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

Yes No

Has the Operator and traders been licensed with another local authority?

Yes No

If **'yes'**, please specify: _____

Has the Operator and traders ever had a Market Licence suspended or refused?

Yes No

If **'yes'**, please specify the Licensing Authority: _____

Does the applicant have the required Public Liability Insurance (**£10m**) - Evidence **MUST** be produced at time of application.

Yes No

TRADER DETAILS – N/A @ this stage

TRADER 1

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

Full details of any vehicles, stall, trolley stand etc to be used in the course of trading. (Include registration/fleet number, height, width, length, colour)	N/A @ this stage
Description of goods / articles to be sold. (E.g. hot / cold food, fruit and vegetables etc).	N/A @ this stage
Address of premises or location where vehicle, stall, trolley, stand and any food will be stored when not in use.	N/A @ this stage

Application Check List

- | | |
|---|-----|
| I have enclosed the completed application form. | Y |
| I have enclosed a plan of the site / location. | Y |
| I have enclosed details of relevant criminal convictions & cautions as detailed in the Council Market policy for the applicant(s) & traders. (where applicable) | N/A |
| I have enclosed relevant fee. | Y |
| I have enclosed a passport size photograph of applicant(s) and each trader
(A digital image can be emailed to ??) | Y |
| I have enclosed proof of right to work for all applicant(s) and nominated persons. | Y |
| I have enclosed a copy of the Public Liability Insurance. | Y |
| I have enclosed Food Safety / Hygiene certificates for all applicants and nominated persons. | N/A |

I understand that if I do not comply with the above requirements my application will be rejected. Y

Please return completed application forms to;

The Communication Team

1st Floor west

St Martins Place

Bath Road

Slough

SL1 3UF

Contact Tel: ??????????????????

Email: ??????????????????????

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 – The Market Licensing Standard Terms and 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: Clarissa Parker

Signed...

Dated: 22/05/23