**CIVIC GOVERNMENT (SCOTLAND) ACT 1982**

**LICENSING OF STREET TRADERS**

**APPLICATION FOR GRANT OR RENEWAL OF STREET TRADER’S LICENCE**

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| All questions must be answered unless otherwise stated. If relevant questions are not answered, the application will be deemed incomplete and returned to the applicant.  It is a criminal offence to make any statement which you know to be false or recklessly to make any statement which is materially false. | | | | | | | | | | | | | | | | | |
| **SECTION 1: TYPE OF LICENCE** | | | | | | | | | | | | | | | | | |
| **1.1** Specify the type of licence you are applying for | | | | | | | | | | | | | | | | | |
|  | | | | | | Please tick one box only | | | | | | | | | | | |
| Grant | | | | | | 🞏 | | | | | | | | | | | |
| Renewal | | | | | | 🞏 | | | | | | | | | | | |
| Material change of circumstances (to a current licence) | | | | | | 🞏 | | | | | | | | | | | |
| If the application is for a material change of circumstances, please detail clearly, the nature of the variation:- | | | | | | | | | | | | | | | | | |
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| **SECTION 2: APPLICANT/LICENCE HOLDER DETAILS** | | | | | | | | | | | | | | | | | |
| **2.1** Is the applicant: | | | | | | | | | | | | | | | | | |
|  | | | | | **Please tick one box only** | | | | | | | | | | | | |
| An individual | | | | | 🞏 please answer questions 2.2 and 2.3 only | | | | | | | | | | | | |
| A company or other corporate body | | | | | 🞏 please answer questions 2.4 to 2.6 only | | | | | | | | | | | | |
| A Partnership | | | | | 🞏 please answer questions 2.7 to 2.9 only  (a copy of the official partnership agreement must accompany this application) | | | | | | | | | | | | |
| **All applicants must then complete all remaining sections of the form** | | | | | | | | | | | | | | | | | |
| * 1. Individual applicant | | | | | | | | | | | | | | | | | |
| Title | Surname | | | | | | First Name(s) | | | | | | | | | | |
|  |  | | | | | |  | | | | | | | | | | |
| Date of birth | | |  | | | | Place of birth | | | | | | | |  | | |
| Home address (including postcode) | | | | | | |  | | | | | | | | | | |
| Contact Telephone No: | | | | | | | Email address | | | | | | | | | | |
| Home:-  Mobile:- | | | | | | |  | | | | | | | | | | |
| **2.3** Does the applicant carry out day-to-day management of the premises? | | | | | | | | | | | | | | | | | |
| Yes 🞏 | | | | | | | | | No 🞏 (Please provide further details below of anyone responsible for the day to day management of the business) | | | | | | | | |
| Please state full name, address, date of birth and place of birth | | | | | | | | | | | | | | | | | |
| Full Name | | Address | | | | | | | Date of Birth | | | | | | Place of Birth | | |
|  | |  | | | | | | |  | | | | | |  | | |
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| **2.4** Company or other corporate body applicant | | | | | | | | | | | | | | | | | |
| Name of company/corporate body | | | | | | | | | | | | | | | | | |
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| Address of registered/principal office (including postcode) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Registered company number | | | | | | |  | | | | | | | | | | |
| If the company is not on the register of companies, please confirm the legal status/entity of the company | | | | | | |  | | | | | | | | | | |
| Contact Telephone No: | | | | | | | Email address | | | | | | | | | | |
| Office:-  Mobile:- | | | | | | |  | | | | | | | | | | |
| **2.5** Please state full name, home address, date of birth and place of birth and email address of all directors (continue on a separate sheet if necessary | | | | | | | | | | | | | | | | | |
| Full Name | | Home Address | | | | | | | Date of Birth | | | | Place of Birth | | | | Email address |
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| **2.6** Please state full name, address, date of birth and place of birth of the person who will be responsible for the day-to-day management of the premises (i.e. the manager) | | | | | | | | | | | | | | | | | |
| Full Name | | | | Address | | | | | | Date of Birth | | | | Place of Birth | | | |
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| **2.7** Name of the Partnership | | | | | | | | | | | | | | | | | |
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| Registered address of Partnership (including postcode) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Contact Telephone No: | | | | | | | Email address | | | | | | | | | | |
| Home/Office:-  Mobile:- | | | | | | |  | | | | | | | | | | |
| You **must** enclose a copy of the formal partnership agreement | | | | | | | Copy enclosed  Yes 🞏 No 🞏 | | | | | | | | | | |
| **2.8** Please state full name, home address, date of birth, place of birth and email address of all partners (continue on a separate sheet if necessary | | | | | | | | | | | | | | | | | |
| Full Name | | Home Address | | | | | | Date of Birth | | | | Place of Birth | | | | | Email address |
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| **2.9** Please state full name, address, date of birth and place of birth of the person who will be responsible for the day-to-day management of the premises (i.e. the manager) | | | | | | | | | | | | | | | | | |
| Full Name | | | | Address | | | | | | Date of Birth | | | | | | Place of Birth | |
|  | | | |  | | | | | |  | | | | | |  | |
| **SECTION 3: LICENCE DETAILS** | | | | | | | | | | | | | | | | | |
| **Please select which activity you will provide as a Street Trader** | | | | | | | | | | | | | | | | | |
| Cleaning of Wheelie Bins | | | | | | | | | | | 🞏 | | | | | | |
| Sale of Food stuffs for immediate consumption | | | | | | | | | | | 🞏  Please provide further details on the type of food stuffs you will be supplying: | | | | | | |
| Where trading includes food business and involves a vehicle, kiosk, moveable stall, there must be produced a Certificate of Compliance from the registering food authority stating compliance with requirements of any regulations made under Section 16 of the Food Safety Act 1990, and the Scottish Traders National Food Hygiene Standard and other legislation amending or replacing this Act. | | | | | | | | | | | | | | | | | |
| Trading name of business | | | | | | | | | | |  | | | | | | |
| If you intend to trade from a specific location, please provide the address, a plan showing the exact location and consent of the landowner to allow you to trade there | | | | | | | | | | | | | | | | | |
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| If you intend to trade throughout Dumfries and Galloway please further provide details below | | | | | | | | | | | | | | | | | |
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| **Vehicle/Kiosk details** | | | | | | | | | | | | | | | | | |
| State type and Registration number of vehicle or describe and give dimensions of structure, kiosk, moveable stall or receptacle to be used in connection with Street Trading. | | | | | | | | | | |  | | | | | | |

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| **SECTION 4: DAYS/HOURS OF OPERATION** | | |
| **Day** | **Opening Time** | **Closing Time** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

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| **SECTION 5: CRIMINAL CONVICTIONS** | | | | | |
| Have you or any other person named in this application ever been convicted of any crime or offence (subject to the terms of the Rehabilitation of Offenders Act 1974)? | | | Yes 🞏  (please detail any convictions below – continue on a separate sheet if necessary) | | No 🞏 |
| Failure to disclose these matters is a criminal offence. If you are unsure of your convictions, a certified copy may be applied for from Police Scotland, Police Station, Loreburn Street, Dumfries (a fee may apply). | | | | | |
| Date | Court | Offence | | Sentence | |
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| **SECTION 6: CHECKLIST AND ENCLOSURES** | |
| I confirm that I have enclosed the following: (please tick) | |
| * The relevant application fee * £224 for the grant or renewal of a Street Trader’s Licence * £67 for consent to a material change   (please note this fee is non-refundable) | 🞏 |
| * If the applicant is a partnership, copy of the official partnership agreement | 🞏 Yes  Or  🞏 Not applicable |
| * If trading from a specific site:- * a plan showing the exact location * consent of the landowner to allow you to trade there | 🞏  🞏 |
| * Photocopy of Certificate of Compliance issued by your home local authority’s Environmental Health Officer | 🞏 |
| * One recent passport sized photograph | 🞏 |
| I have read and agree to the privacy notice found at [www.dumgal.gov.uk/privacy](http://www.dumgal.gov.uk/privacy) | 🞏 |

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| **SECTION 7: DECLARATION AND SIGNATURES** | |
| I declare that   * the particulars given by me on this application form are true; * I authorise Dumfries and Galloway Council to make such enquiries with Police Scotland, Scottish Fire and Rescue Service, Environmental Health, Roads Service and other agencies as the Council considers appropriate.   This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. For further information, see <https://www.dumgal.gov.uk/fairprocessing> | |
|  | |
| Signature of applicant or agent. If signing on behalf of the applicant, please state in what capacity | |
| Signature |  |
| Date |  |
| Capacity |  |
| Contact Telephone number |  |
| Email |  |
| **SECTION 8: NOTES** | |
| Completed application forms should be returned to [licensing@dumgal.gov.uk](mailto:licensing@dumgal.gov.uk) | |
| Payment can be made by debit or credit card. You will be contacted for payment once your application has been checked and accepted as final. Please provide the most appropriate telephone number for the payment:- | |
|  | |