

Application for Street Trading Consent

please fill in all sections using capital letters

Name	
Address	
	Post Code:
Telephone no	
Trading name	
Type of business	
Location of site (please attach plan)	
	Permanent or mobile:
Trading days	
Trading hours	
Type of stall Or vehicle	
Reg. Number of vehicle	

Signature of Applicant:

Date:

Position in Company:

NOTE:

We are under a duty to protect the public funds we administer and to this end may use the information you have provided on this form within this Council for the prevention and detection of fraud. We may also share this information with other bodies administering public funds, solely for these purposes.