

(enter council name)

Application for a Street Trading Consent and Registration as a Food Hawker
Local Government (Miscellaneous Provisions) Act 1982
Greater Manchester Act 1981

IMPORTANT

*Please read guide for Applicants carefully before completing this form

*Two passport sized photographs must accompany this application

*Any food hawkers assisting the applicant must complete a separate application form for registration

1. Personal Details (block capitals please)

1.1. Full Name:

1.2. Tel. No. Home:

1.3. Full Address:

Business:

1.4. Age:

1.5. D.O.B.

2. Stall Details (block capitals please)

(**Stall** includes vehicle, cart, barrow, and portable stalls)

2.1. Description (including makers name, height, length and width):

2.2. Registration/Distinguishing number

2.3. Fleet Number:

2.4. Name and Address of owner:

(if not as at 1.1 above)

2.5. Owners Tel. No.: Home:

Business:

3. Details of Goods to be Sold: (block capitals please)

(Please list all types of goods to be offered for sale)

<p>4. Trading Details: (block capitals please)</p> <p>4.1. Which areas will you normally trade in?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">A-u-L Denton Droylsden Stalybridge</td> <td style="width: 50%; border: none;">Dukinfield Hyde Mossley</td> </tr> </table>	A-u-L Denton Droylsden Stalybridge	Dukinfield Hyde Mossley	<p>4.2. How many stalls are you seeking consent for?</p>
A-u-L Denton Droylsden Stalybridge	Dukinfield Hyde Mossley		
<p><u>It is an offence to trade within prohibited areas</u></p>			

<p>5. Food Traders Only – additional details (block capitals please)</p>			
<p>5.1. Within the last 12 months have you suffered from:</p>		<p>5.2. Is your stall provided with</p>	
Food Poisoning	Yes/No	Wash Hand basin and Hot water	Yes/No
Salmonella Infection	Yes/No	Sink and Hot water	Yes/No
Typhoid	Yes/No	Suitable waste water container	Yes/No
Paratyphoid	Yes/No	Suitable rubbish bins and lids	Yes/No
Diarrhoea/Enteric Disorder	Yes/No	First Aid Kit	Yes/No
Staphylococcal Infection including Boils	Yes/No		
<p>If YES, please give details</p>			

<p>6. Declaration of Applicants:</p> <p>I declare that the information given in this application is true to the best of my knowledge and belief and I understand that any information given, subsequently found to be incorrect may result in possible refusal or revocation of any Consent for, or given on the basis of that information.</p> <p>Signature of Applicant: _____ Date _____</p> <p>If Company/Partnership, state position _____</p>
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<p>OFFICE USE:</p> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<p><u>1. Food Stalls</u></p> <p style="text-align: center;">Satisfactory / Unsatisfactory</p> <p>Authorised Officer: _____ Date _____</p> <p>2. Plate No. _____</p> <p>3. Badge No. _____ Date _____</p>
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