

London Local Authorities Act 1990 (as amended)

Application for the Grant / Renewal of a Temporary Street Trading Licence

- All questions to be answered in full
- All applicants should provide proof of identity – copy of passport, drivers licence photo card, (other official ID card with a photo & a copy of a recent utility bill (this will meet the money laundering requirements and the council undertaking due diligence.
- All applicants **MUST** complete section 1 & 2
- Applicants for a shop front display or a stall **MUST** complete sections 1,2,3 & 6
- Applicants for pavement cafes (placing tables and chairs on the highway) **MUST** complete sections 1,2,4 & 6
- Applicants for 'A' boards **MUST** complete sections 1,2,5 & 6
- All applicants **MUST** submit an accurately drawn plan to the scale of 1:2500 of the area to be applied for. (*alternative sized plans may be accepted subject to prior agreement with the licensing manager*)
- All applicants **MUST** submit photographs for the area to be applied for.
- All applicants **MUST** check with the planning team if planning consent is required prior to submission of an application
- **L B Hounslow is under a duty to protect the funds it administers and to this end may use the information that you have provided to this authority for cross system and cross authority comparison purposes for the prevention and detection of fraud.**

I/We hereby apply to the London Borough of Hounslow under the above-mentioned Acts, to be licenced for Street Trading.

SECTION 1 – Applicant Details

(Please complete if applying as a company)

Please state the trading name of your company DentEuropa Implant & orthodontic % Perio CENTRE	
Registered address of company : 300a Bath Road	
Town: Hounslow	Postcode : TW47DN
Tel No: [REDACTED]	Email: [REDACTED]
Please state Company Registration No. 10616565	
What type of company Limited company	

(Please complete if applying in person)

Title: Mr (please specify)	
Forename(s): EMIN	
Surname: SIMSEK	
Private Home address: [REDACTED]	
Town: [REDACTED]	Postcode: [REDACTED]
Telephone No: [REDACTED]	Email: [REDACTED]
National Insurance No: [REDACTED]	Date of Birth: [REDACTED]
Place of Birth: [REDACTED]	

SECTION 2 – Business Details

<p>If you are selling food, you <u>MUST</u> be registered as a food business with Local authority where your business is based.</p>		
<p>Are you intending to sell food? NO</p>		
<p>If yes, please provide evidence that you are registered as a food business</p>		
<p>Date of Registration:</p>	<p>Local Authority:</p>	
<p>You <u>MUST</u> hold a Level 2 Qualification in Food Safety in catering awarded by an accredited organisation such as the Chartered Institute of Environmental Health, Royal Society for Public Health or Highfield ABC. Your certificate should have been obtained in the last 3 years. <i>(Please include a photo copy)</i></p>		
<p>Certificate No:</p>	<p>Date of Issue:</p>	
<p>Please state what type of food you intend to sell, and how and where the food you intend to sell will be produced?</p>		
<p>It is a requirement that you <u>MUST</u> have public liability insurance for a minimum of £2,000,000 <i>(please provide a copy of the certificate)</i></p>		
<p>Certificate No:</p>	<p>Date of Issue:</p>	<p>Date of Expiry:</p>

SECTION 5 – ‘A’ Boards or other Display Objects

Name of premises DentEuropa Implant & Orthodontic & Perio CENTRE	
300a Bath Road	
Town: Hounslow	Postcode : TW47DN
Telephone No [REDACTED]	Email: [REDACTED]
Size of area to be used for the 'A' Board/s (<i>measurements in Metres</i>)	
Depth: 1 metre	Width: 1meter
Trading Times:	
Monday	08 am - 08 pm
Tuesday	08 am - 08 pm
Wednesday	08 am - 08 pm
Thursday	08 am - 08 pm
Friday	08 am - 08 pm
Saturday	08 am - 08 pm
Sunday	08 am - 08 pm
Where will the 'A' Board or Display Objects be stored at the end of trading hours?	
Inside of the dental clinic	

SECTION 6 – Applicant Declaration

I/We declare that:

The details contained within this application form are true to the best of my/our knowledge and belief. ☒

I have attached an accurate plan to the scale of 1:2500 ☒

I have attached photographs of the area to be licensed as required. ☒

(Stall applicants only) I have attached/enclosed a full-face photograph of the applicant and any employee/s. ☐

I have attached and provided evidence of food registration. ☐

I have attached evidence of up to date Level 2 Food Safety in catering award ☐

I have attached and provided evidence of a waste contract if required ☐

I have attached and provided evidence of public liability insurance ☒

I have attached and provided evidence of safety certificates for equipment ☐

Payment of fee: BACS ☒

In the reference field please put payment code **C5361 V144** so it goes into the correct account. Then once you have the confirmation screen, please send a screen shot to me licensing@hounslow.gov.uk as confirmation of the payment.

Please note until the Licensing Team have that confirmation we will be unable to process your application.

Re: Bank Account Details for BACS payment

National Westminster Bank, 275-277 High Street, Hounslow, TW3 1ZA

Full Company Name: London Borough of Hounslow

A/C Name: LB Hounslow Main Account

A/C No: 20364814

Sort Code: 60-11-18

IBAN: GB79NWBK60111820364814

SWIFT BIC: WBKGB2L

I request a call to take a card payment of the fee ☐

I understand that if I do not complete the appropriate sections of the application form and provided the required information my application will be rejected. ☒



Signature of Applicant_____ **Date:** 15.09.2025_____.

Please return completed form to:

**London Borough of Hounslow
Community Enforcement and Regulatory Services - Licensing
7 Bath Road
Hounslow
TW3 3EB**

Email - licensing@hounslow.gov.uk

width of the front dental practice : 0.45 metre





