

## 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 (other official ID card with a photo & a copy of a recent utility bill (this will meet the mon laundering requirements and the council undertaking due diligence.
- All applicants <u>MUST</u> complete section 1 & 2
- Applicants for a shop front display or a stall <u>MUST</u> complete sections 1,2,3 & 6
- Applicants for pavement cases (placing tables and chairs on the highway) MUST comple sections 1,2,4 & 6
- Applicants for 'A' boards <u>MUST</u> complete sections 1,2,5 & 6
- All applicants <u>MUST</u> submit an accurately drawn plan to the scale of 1:2500 of the area be applied for. (alternative sized plans may be accepted subject to prior agreement with the licensing manager)
- All applicants <u>MUST</u> submit photographs for the area to be applied for.
- All applicants <u>MUST</u> 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 n 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
Meryen Truit and Veg OK Utd
Registered address of company  101 Jennine Drive  Town
Golders Green London NW2 1NN
Tel No: _ Email:
Please state Company Registration No. 45232138
What type of company
Retail Sale of front se vegetables

Title: Mr/Mrs/Ms/Other (please specify)  Forename(s):  Surname:  Private Home address:	
Surname:	
Private Home address:	
Town: Postcode:	
Telephone No: Email:	
National Insurance No: Date of Birth:	
Place of Birth:	
If you are selling food, you MUST be registered as a food business with Local authority where business is based.  Are you intending to sell food? TESTAGE  If yes, please provide evidence that you are registered as a food business  Date of Registration:  You MUST hold a Level 2 Qualification in Food Safety in catering awarded by an accredited such as the Chartered Institute of Environmental Health, Royal Society for Public Health or Hyour certificate should have been obtained in the last 3 years. (Please include a photo copy)  Certificate No:  Date of Issue:	organisati
Please state what type of food you intend to sell, and how and where the food you intend to produced?  Tresh Fruit and vegetables  It is a requirement that you MUST have public liability insurance for a minimum of £2,000,00 (please provide a copy of the certificate)	,
Certificate No: Date of Issue: Date of Expiry:	

## SECTION 3 - Shop Front Display/Stall

	Name of Pitch/Shop	mΛ		1		
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	Address of Pitch/Sho	PSide	of 4014	Trinity	Church	
	Town:		Postcode:			
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- 1						
	Sale of Size of pitch required	fruit	and	vegotak	les	
	Size of pitch required	(measurements	in Metres)	90,00		
	Jehin:		Width:			
1	Trading Times:	CAER ?		4 mete	Y	
	3					
1	Monday		7:00 am	-7:00pm		
1	uesday		7:00 am	1-7:00 nm		
	Vednesday		am	ma.60: ∫		
1	hursday		(:am	?: 00 pm		
	riday		7:.00 am	- 7:00 pm		
	aturday		71eoam	⊐.;.o∂pm		
3	unday		losedam	pm		
l w	here will the stall/shop	n front diamle	CNSt.	trading o	of Sundays)	
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t is a requirement to p	provide evidence	on how you intend to r	emove trade waste	
	Briffe	Contrace		
Waste Contract No:	A	ached ached		the site and how
t is a requirement tha	it you provide evi	dence on how you will	transport fresh water	er to the site and now
ntend to dispose of the	ne waste water.			
Please state details	here:			
	Not	Applicable		
integral to	provide nower t	o your site?		
How do you intend to				
		Applicab	and the second s	
Places provide safet	v certificates for	Generators, electrical e	equipment and Gas	Cylinders
Please provide sales	y continuence	1 201/2 2	60	
	TOM	Applica		1 . 4 4.0E00 /olton
You MUST provide a sized plans may be ac	a plan of the licer ecepted subject to	nced area for all types of prior agreement with the	of application to the licensing manager)	scale of 1.2500 (altern
Plan Attached:				
You MUST provide	photographs of t	he proposed licensed a	area	
Photos attached:				
Do you hold or hav	e ever held a stre	eet trading licence in th	e L B Hounslow?	ES/NO
(If yes Please give de	etails Inc., Number	, location and dates)	oh To	O.,
Licence .	attachee	nd valid from	r onder lil	ence no:
2025 - 0	in peco	mbd cecs		
TP1358	41/2023			

## **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.

V

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

L.Im.

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

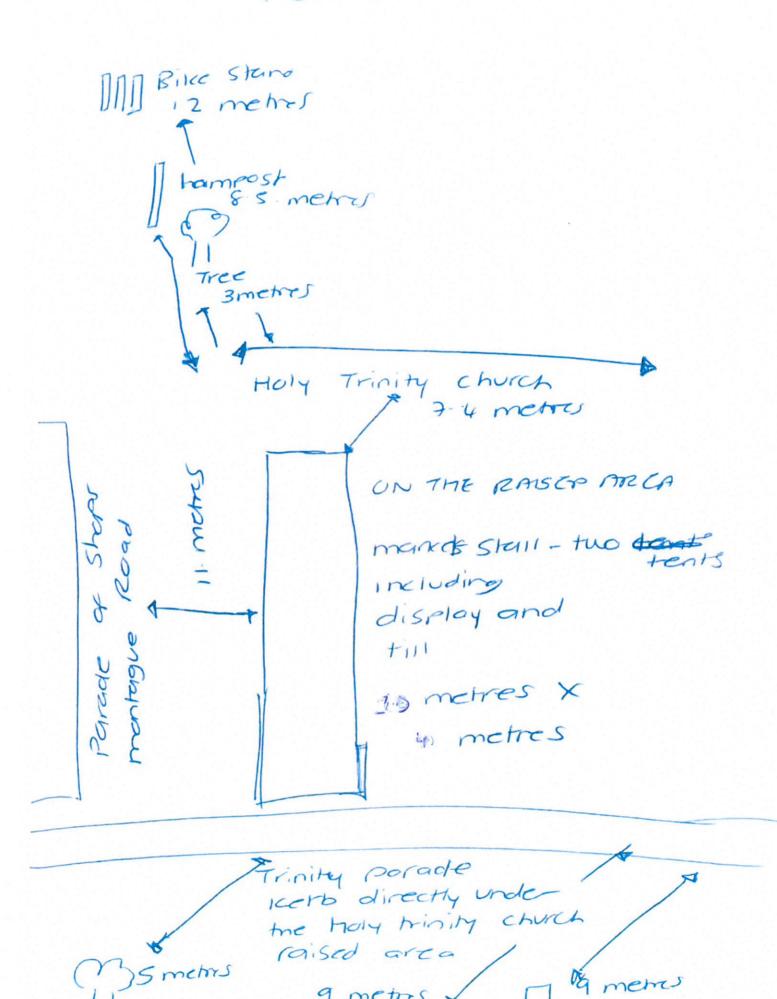
WBKGB2L

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: 10 09 . 2025



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