

All questions to be answered in full

# **London Local Authorities Act 1990 (as amended)**

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

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				
	= -	nents and the council undertaking due diligence.			
•	All applicants complete section 1 & 2				
•	• •	op front display or a staT complete sections 1,2,			
•	Applicants for pave sections 1,2,4 & 6	ement cafes (placing tables and chairs on the highw	<b>UST</b> _complete		
•	Applicants for 'A' bo	oards complete sections 1,2,5 & 6			
•	All applicants	_ submit an accurately drawn plan to the scale of 1:25	00 of the area to		
	be applied for. (alter	rnative sized plans may be accepted subject to prior agreement w	ith the licensing		
•	All applicants	_ submit photographs for the area to be applied for.			
•	All applicants	_ check with the planning team if planning consent is r	equired prior to		
	submission of an ap	pplication			
•		under a duty to protect the funds it administers and			
		on that you have provided to this authority for cross	-		
		on that you have provided to this authority for cross	-		
	cross authority co	omparison purposes for the prevention and detection	on or madu.		
	hereby apply to the L ed for Street Trading	∟ondon Borough of Hounslow under the above-mentior g.	ned Acts, to be		
SECT	「ION 1 – Applicant I	Notaile .			
	e complete if applying as				
Pleas	e state the trading nam	ne of your company: <b>Admiral</b>			
	tered address of compa y Leisure, Talarius	pany			
	Avenue Plaza				
	nsway				
Team	Valley Trading Estate	е			
Town	Gateshead	Postcode: <b>NE11 0BL</b>			
Tel No	D:	Email:			
Pleas					
	e state Company Regis	stration No. <b>05382157</b>			
What	. , ,	stration No. 05382157 rate Limited Company			

(Please complete if applying in person)

Title: Mr/Mrs/Ms/Other (please	<del>specify)</del>	
Forename(s):		
Surname:		
Private Home address:		
<del>Town:</del>		<del>Postcode:</del>
Telephone No:		Email:
National Insurance No:		Date of Birth:
Place of Birth:		
SECTION 2 – Business De	etails	
If you are selling food, you MU business is based.	JST be registered as a	food business with Local authority where your
Are you intending to sell food	YES	
If yes, please provide evidenc	e that you are registere	ed as a food business
Date of Registration:	Local A	uthority:
You MUST hold a Level 2 Qua	alification in Food Safe	ty in catering awarded by an accredited organisation
such as the Chartered Institut	e of Environmental Hea	alth, Royal Society for Public Health or Highfield ABC.
Your certificate should have b	een obtained in the las	et 3 years. (Please include a photo copy)
Certificate No:	Date of	<del>Issue:</del>
Please state what type of food produced?	l you intend to sell, and	how and where the food you intend to sell will be
•	have public liabilit	y insurance for a minimum of £2,000,000
(please provide a copy of the		
Certificate No:	Date of Issue:	Date of Expiry:
GBL007706240	01/01/2025	31/12/2026
It is a requirement to provide	evidence on how you in	ntend to remove trade waste from the site:
Waste Contract No:	·	
		you will transport fresh water to the site and how you
intend to dispose of the waste	water.	
Please state details here:		

How do you intend to provide power to y	<del>/our site?</del>
Please provide safety certificates for Ge	enerators, electrical equipment and Gas Cylinders
	d area for all types of application to the scale of 1:2500 (alternative
· <u>·</u> ·	prior agreement with the licensing manager)
Plan Attached: ☑	
You MUST provide photographs of the p	proposed licensed area
Photos attached:	
•	rading licence in the L B Hounslow? <u>YES</u> /NO
(If yes Please give details Inc., Number, PREVIOUS A-BOARD LICENCES AT	•
19/09/2025 to 18/03/2026 - AB135611/2	
19/03/2025 to 18/09/2025 - AB135611/	
19/09/2024 to 18/03/2025 - AB135611/	2024-2025
19/03/2024 to 18/09/2024 – AB135611/	2024
SECTION 3 Shop Front Display/S	Stall
Name of Pitch/Shop	
Address of Pitch/Shop	
Town:	Postcode:
What type of goods offered for sale/disp	olayed on shop front/Stall?
Size of pitch required (measurements in A	Metres)
Depth:	Width:
Trading Times:	
Monday	ampm
Tuesday	ampm
Wednesday	ampm
Thursday	ampm
Friday	ampm
Saturday	ampm
Sunday	ampm
Where will the stall/shop front display be	e stored at the end of trading hours?

Stall Only: Please give details of employees:					
	me:	D.O.B	Address:	Photo:	
1.					
2					
3					
4					
5					

## **SECTION 4 - Pavement Café/Tables & Chairs**

Name of premises	
Address	
Town:	Postcode:
Telephone No:	Email:
Size of area to be used for the pavement	nt café/seating area (measurements in Metres)
Depth:	Width:
Trading Times:	
Monday	ampm
Tuesday	ampm
Wednesday	ampm
Thursday	pm
Friday	pm
Saturday	pm
Sunday	pm
Where will the tables & chairs be stored	d at the end of trading hours?

# SECTION 5 – 'A' Boards or other Display Objects

Name of premises: Admiral	
Address: 192 High Street, I	lounslow, TW3 1HL
Telephone No:	
Size of area to be used for t	ne 'A' Board/s <i>(measurements in Metres)</i>
Depth: 0.5	Width: 0.8
Trading Times:	
Monday	00:00 - 23:59
Tuesday	00:00 - 23:59
Wednesday	00:00 - 23:59
Thursday	00:00 - 23:59
Friday	00:00 - 23:59
Saturday	00:00 - 23:59
Sunday	00:00 - 23:59
Where will the 'A' Board or [	Display Objects be stored at the end of trading hours?
Happy to store inside of p	remises outside of designated times according to the licence

## **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.	<b>V</b>
have attached an accurate plan to the scale of 1:2500	V
have attached photographs of the area to be licensed as required.	$\overline{\checkmark}$
(Stall applicants only) I have attached/enclosed a full-face photograph of the applicant and any employee/s.	
have attached and provided evidence of food registration.	
have attached evidence of up to date Level 2 Food Safety in catering award	
have attached and provided evidence of a waste contract if required	
have attached and provided evidence of public liability insurance	$\overline{\checkmark}$
have attached and provided evidence of safety certificates for equipment	
Payment of fee: Phone call requested to make card payment	$\overline{\checkmark}$

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

 $\overline{\mathbf{V}}$ 

 $\sqrt{\phantom{a}}$ 

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 Kayleigh Jackson Date: 06/11/25

### 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





