

# 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 <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 cafes (placing tables and chairs on the highway) <u>MUST</u> complete 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 to 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 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)

	(Flease complete in applying as a start of the start of t				
	Please state the trading name of your company  MODA TTALIANA FASHION				
-	Registered address of company 194 High Street				
	Town HOUNSLOW Postcode TW3 1HL				
	Tel No				
	Please state Company Registration No. Gole Trader				
	What type of company Clothing & Lagrages				

(Please complete if applying in person)

Title: Mr/Mrs/Ms/Other (p	please specify)		
Forename(s):	JAMIEL		
Surname:	JAMIEL LIBANI	. 4.1	
Private Home address:			
Town:	Post	tcode:	
Telephone No		Emai	
National Insurance No		Date of Birth	
Place of Birth:			
SECTION 2 - Busine	ss Details		
If you are selling food, you business is based.	ou <u>MUST</u> be registered as a food	d business with Local authorit	ty where your
Are you intending to sell	food? YES/NO		
If yes, please provide ev Date of Registration:	ridence that you are registered a		
such as the Chartered II	2 Qualification in Food Safety in a stitute of Environmental Health, ave been obtained in the last 3 years.	, Royal Society for Public Hea	alth or Highfield ABC.
Certificate No:	Date of Iss	sue:	
Please state what type of produced?	of food you intend to sell, and ho	ow and where the food you int	end to sell will be
It is a requirement that y (please provide a copy of	rou MUST have public liability inst the certificate)	surance for a minimum of £2,	000,000
Certificate No:	Date of Issue:	Date of Expiry:	

It is a requirement to provide evidence on how you intend to remove trade waste from the site:
Waste Contract No:
It is a requirement that you provide evidence on how 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 your site?
NA
Please provide safety certificates for Concentration I and the safety certific
Please provide safety certificates for Generators, electrical equipment and Gas Cylinders
NA
You MUST provide a plan of the licenced area for all types of application to the scale of 1:2500 (alternative sized plans may be accepted subject to prior agreement with the licence.)
sized plans may be accepted subject to prior agreement with the licensing manager)
Plan Attached:
You MUST provide photographs of the proposed licensed area
Photos attached:
Do you hold or have ever held a street trading licence in the L B Hounslow? <b>YESNO</b> (If yes Please give details Inc., Number, location and dates)
SFD 134589/2025

## **SECTION 3 – Shop Front Display/Stall**

	HOP FIGHT DIS	play/Stall	
Name of Pitch/Sho	op Moda	ITALIANA FASH	in
Address of Pitch/S	Shop 194 1	tigh Streat	
Town: HOUNS	lau	Postcode: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	146
What type of goods	s offered for sal	e/displayed on shop front/04.	
Displa	Suit, L	One and the shop from Stall	?
Size of nitch are	0011	iguase.	
Size of pitch require	ed ( <i>measuremer</i>		
1m		Width: 4m	
Trading Times:			
Monday		A :	
Tuesday			.pm
Wednesday		am5.130	.pm
Thursday			pm ·
Friday			pm 😲
Saturday		am5./30	nm
-		1am5,30	nm
Sunday		1030.am41.30	pm
Stall Only D		*	
Stall Only: Please give	ve details of em	ployees:	
Full Name:	D.O.B	Address:	*
1.		/ lauress.	Photo:
)			
-		NH	
	$\ell$		

#### **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 paymen 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	et Hounslow TW3 17A
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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: 24-Nov-2025



