

**APPLICATION/RENEWAL OF STREET TRADING LICENCE**  
**LONDON LOCAL AUTHORITIES ACT 1990**  
**PART III (SHOP/BUILDINGS) FORECOURT/FRONTS/PAVEMENT AREAS**

Full name of applicant: ..... Mr/Mrs Miss/Ms

Home address: .....

.....

.....Postcode.....

Daytime telephone no(s): ..... Date of birth: .....

Name & address of premises you wish to trade from: .....

.....

..... Postcode .....

Give exact details of the type and size of outside trading area you wish to use:

\*Forecourt/ Shopfront/ Pavement/ Car Park/ Other: (\*Delete as required)

Length: ..... Width: ..... Height: .....

.

Are you (the applicant for the licence) the landowner/tenant of the land you wish to use?

Yes

No

(If NO give details below)

If trading on private land do you have written authority from landowner/Tenant to trade there? Yes/No

Name of Landowner.....

Address.....

Postcode..... Tel No:.....

List the things you intend to sell (e.g. fruit, stationery) or the services you wish to provide (e.g. shoe shining, face painting).

.....

Describe any receptacle to be used (e.g. stall,barrow etc.) and give size.

Length: ..... Width: ..... Height: .....

Please give day(s) and times you wish to trade.

Day(s): ..... Times: .....

.....

Please give the full address at which the goods and receptacle will be stored outside trading hours

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.....

Do you hold a Street Trading Licence in this or any other London Borough? If so give details.

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**FOOD SALES ONLY**

Details of Food Premises Registration – are you registered with Richmond’s Environmental Health Dept? Yes/ No

Give details of any food safety training undertaken by you or staff (eg Food Hygiene Certificate)

Name .....Qualification .....Date .....

Name .....Qualification .....Date .....

Name .....Qualification .....Date .....

I enclose with this application

- the appropriate fee for the issue of a Street Trading Licence, and
- evidence of current **Public Liability** Insurance cover to the value of £5,000,000 applicable to street trading on the highway

I wish to apply for a Street Trading Licence described above and confirm the information given by me on this form is correct. I am aware that giving false information could lead to prosecution and to the loss of any licence so granted.

Signed: ..... Dated: .....

**Please return this form to:**  
**Licensing**  
**2<sup>nd</sup> Floor, Civic Centre, 44 York Street, Twickenham TW1 3BZ**  
**Tel: 020 8831 6455**