LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982: PART III

APPLICATION FOR CONSENT FOR STREET TRADING IN A DESIGNATED 'CONSENT' STREET



In accordance with Section 3 of the L	ocal Government (Miscellaneous F	Provisions) A	Act 1982
SECTION 1			
Applicant Details			
* First Name	DAVID		
* Family name	HICKMAN		
* E-mail			
Main telephone number		Include	country code
Other telephone number			
Indicate here if you would pr	efer not to be contacted by telepho	ne	
Are you:			
Applying as a business or or	ganization, including as a sole trad	ler	
Applying as an individual		without an individual	der is a business owned by one person y special legal structure. Applying as ar means you are applying so you can be or for some other personal reason, such
Applicant Business or Organisation	n	as ionown	g a nobby.
*Is your business registered in the Uh	With Companies House?	Yes	No
* Is your business registered outside	the UK?	Yes	No
* Business name	Essex Bites		If your business is registered, use its registered name.
* Vat Number	NONE	1	Put "none" if you are not registered for VAT.
* Legal status	*		
* Your position in the business or organisation	OWNER		-
Home country	United Kingdom		The country where the headquarters of your business is located
Business Address	LIC FORM postal - STREET TRADING IN D	ESIG CONSFI	NT STREET

* Building number or name		If you have one, this should be your official address - that is an address required of you by law for receiving communications
* Street	BEECH CLOSE]
District]
* City or town	LOUGHTON	
County or administrative area	ESSEX	
* Post Code]
* Country	United Kingdom	
SECTION 2 of 11		
Further Details about the Applicant (I	f applying as an individual)	
Former name(s)		If currently or previously known by any other name(s), you must record them here.
Home Address		
Is the address the same as (or similar to the address given in section one?	Yes No If " from	Yes" is selected you can re-use the details n section one, or amend them as required. ect "No" to enter a completely new set of ails.
* Building number or name	AS ABOVE	
* Street		'
District		
* City or town		= =
County or administrative area		
* Post Code		
* Country	United Kingdom	

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7.25
Further Details
* Date of Birth
* Place of birth
National Insurance Number
SECTION 3 of 11
Directors, Partners, Owners and Managers (If Company Club)
You must provide details of all COMPANY DIRECTORS and the SECRETARY (if the applicant is a company), all PARTNERS (if it is a partnership), OFFICE BEARERS (if it is a club or association), all OWNERS of the business or premises and all MANAGERS of the business or organization, including day-to-day MANAGERS OF THE PREMISES.
* Are there any such people for whom you need to provide details?
Yes No
If so please supply information on a separate sheet.
SECTION 4 of 11
Type of Application
Type of application New Renewal
Specify the period for which The licence is required (if applicable) This period cannot exceed one year YEARLY
SECTION 5 of 11
Application Details
Check guidance notes and conditions before completing this section.
* Trading Name * Essex Bites
What You Want to Trade
* List all the goods and services you want to offer for sale
HOT FOOD
COLD FOOD
HOT DRINKS COLD DRINKS
* Does this include selling food of drink? Yes No
* Where will goods be stored when not on sale?
FRIDGE, FREEZER, DRY GOODS STORAGE ON BOARD (PURCHASES DAYLY)
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When You Want to Trade				
in each week on: -				
Mondays	from	06:00	to	18:00
Tuesdays	from	06:00	to	18:00
Wednesdays	from	06:00	to	18:00
Thursdays	from	06:00	to	18:00
Fridays	from	06:00	to	18'.00
Saturdays	from	06:00	to	18:00
Sundays	from	06:00	to	18'.00
Where You Want to Trade * Type of trading				
Mobile				
Stationary				
* Street(s)/location(s) whe	re you w	ish to trade. (If stationary	in one	location please supply a plan.)
LAYBY ON LON	DON	ROAD (A113) 7	A	LONS ANCAR
	FARI		٥	,
12,100,10	() ,	AVI		
Yes * Description of unit from v	No Nowhich you	nection with your work as unitered to trade, including	dimen	nsions
PROFESSIONALLY 1	MADE	CATERING TRA	AILER	2 (BRAND NEW AND ALL
ř.				PHEQUIPMENT BRAND NEW)
* Where will the unit be sto	ored whe	n not in use?		[]
	2M	ABRIDGE,		
: 21				
You will be required to prod A current MOT and ins		e Licensing Officer ertificate, if you are trading	from a	vehicle.

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SECTION 7 of 11
Public Liability Insurance
You must have third party liability insurance cover for £1,000,000.
A copy of the certificate of insurance must be produced to the Licensing Officer
SECTION 8 of 11
Previous Applications
* Have you, or any person named in or associated with this application, previously applied for a similar licence or registration? (Check all that apply).
No . Yes – application granted and revoked
Yes – application granted Yes – application refused
SECTION TO OF IT
Additional Details
Provide any additional information which is required or relevant to your application (check for local guidance notes and conditions which may provide details of specific requirements in your area).
HAVE CHECKED WITH EBSEX HIGHWAYS AND THERE IS NOT ANY
HAVE CHECKED WITH EBSEX HIGHWAYS AND THERE IS NOT ANY PARKING RESTRICTIONS IN THIS LAYBY AND THERE ARE
NO RESTRICTIONS PENDING.
LITTER BINS WILL BE IN PLACE ONSITE
SECTION 11 of 11
Payments Details
Fee payable when submitting the application - £375.00
Too payable when submitting the application - 2070.00
Please return this form to:
Senior Licensing Officer Epping Forest District Council
Civic Offices High Street
Epping Essex CM16 4BZ

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DECLARATION		
I am over the age of 17 years. I the Council; therefore, I underta and comply with all conditions at	Inderstand that the fee does not include any element in the to remove refuse and cleanse the street during and ached to a Consent.	n respect of the collection of refuse b d on completion of each day's tradin
Full Name: DAVID H	CRMAN	
Capacity: OWNER		
Signed:	Date	
provided on this form for the p	to protect public funds it administers, and to this evention and detection of fraud. It may also share inistering public funds for these purposes"	end may use information you have this information with other bodies

Z/B/LICENSING/MASTERS/APPLIC FORM - STREET TRADING IN DESIG CONSENT STREET

Caterers Liability - Schedule of Insurance Arranged by Mobilers Insurance Services

John Garth House, Engine Lane, Stourbridge DY9 7DF Tel: 0800 180 4175

Policy Number Name and Address of Insured

Mr D Hickman Beech Close Loughton

Period of Insurance

01/03/2016 to 28/02/2017

Limits of Indemnity

Section 1 Employers Liability

Not Included

Section 2 Public Liability

£5,000,000 any one accident or series of accidents arising out of one event*

Section 3 Products Liability

£5,000,000 in the aggregate any one period

of insurance*

Pollution and Contamination

£5,000,000 in the aggregate any one period

of insurance*

* increasing to £10,000,000 where stipulated under contract or regulatory requirement

Section 2 and 3 combined

Excess (Section 2/3)

Declared Occupation: Declared Employees:

Declared Seating Capacity:

Declared Turnover:

£250.00 each and every property damage claim

Permanently Sited Trailer

None

0

£30,000

Premium (Inclusive of IPT at the current rate)

Administration Charge

Total

£ 72.35

£ 25.00

£ 97.35

Underwritten by St Julians Insurance Company Limited, Authorised Insurers, registered in Malta (C-50869)



This Schedule of Insurance has been signed on behalf of the Company by and should be read together with the Liability Policy wording

Date of Issue: 13 January 2016

St Julians Insurance Company Limited is authorised and regulated by the Malta Financial Conduct Authority to carry on General Business (Class 13 - General Liability) in terms of the Insurance Business Act 1998 and subject to a limited regulation by the Financial Conduct Authority in respect of underwriting insurance business in the UK.