

APPLICATION FOR A STREET TRADING CONSENT
(LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982)

Grant

I / WE apply under the provisions of the above Act for a street trading consent and submit the following particulars. I / WE undertake to comply in full with the Council's general conditions applying to street trading consents and with any special conditions which may be specified in the consent.

APPLICANT (fill in as applicable)

Mr	<input checked="" type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other Title	
Surname						First names			
Birhan						Wael			
Date of birth									
Current address									
Post Town							Postcode		
Daytime contact telephone number									
E-mail address									
National Insurance Number									

SECOND APPLICANT (if applicable)

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other Title	
Surname						First names			
Date of birth									
Current address									
Post Town							Postcode		
Daytime contact telephone number									
E-mail address									
National Insurance Number									

Is the application being made on behalf of a partnership?
If 'yes' please complete the following section;

Yes ☐ No ☒

PARTNER (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Surname			First names		
Date of birth					
Current address					
Post Town				Postcode	
National Insurance Number					

SECOND PARTNER (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Surname			First names		
Date of birth					
Current address					
Post Town				Postcode	
National Insurance Number					

PROOF OF IDENTITY & RIGHT TO WORK

Photographic identification and proof of right to work is required for all applicants & partners. A passport (and appropriate visa where necessary) **MUST** be produced along with 2 of the following:

- Driving Licence
- Birth Certificate / Marriage Certificate
- Utility Bill / Bank statement
- National Insurance Number or any other form of identification the Council deems fit

Sole Trader <input checked="" type="checkbox"/>	Limited Company <input type="checkbox"/>	Partnership <input type="checkbox"/>	Other(please specify)
Business Name		Fitmunch	
Business Address		217a bath road SI1 4aa Slough matalan	

DURATION OF CONSENT BEING APPLIED FOR:

Annual ☒ 6 months ☐ 3 months ☐ 1 month ☐ Weekly ☐ Daily ☐ Other _____ days

Is the applicant trading at present? Yes ☐ No ☒

How long has the applicant been trading? This is my first year of trading

CURRENT / PROPOSED TRADING SITES(s) - precise location(s) to be specified along with an acceptably prepared plan.

Address of trading location	SL1 4Aa Slough Matalan 217A bath road
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Plan attached: Yes ☒ No ☐

Is trading taking place on private land? Yes ☒ No ☐

Has the owner's permission been given?
(Please submit written consent) Yes ☒ No ☐

LAND OWNERS DETAILS (to be completed if trading is taking place on private land)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title <input type="checkbox"/>	
Surname Newman				First names Dale	
Current address		Knowsley Industrial Park Perimeter road			
Post Town				Postcode	
Contact telephone number					
E-mail address					

NOMINATED ASSISTANT - PROOF OF IDENTITY & RIGHT TO WORK

Photographic identification and proof of right to work is required for all nominated assistants. A passport (and appropriate visa where necessary) **MUST** be produced along with 2 of the following:

- Driving Licence
- Birth Certificate / Marriage Certificate
- Utility Bill / Bank statement
- National Insurance Number or any other form of identification the Council deems fit.

FIRST NOMINATED ASSISTANT

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Surname				First names	
Date of birth					
Current address					
Post Town				Postcode	
National Insurance Number					

SECOND NOMINATED ASSISTANT

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Surname				First names	
Date of birth					
Current address					
Post Town				Postcode	
National Insurance Number					

THIRD NOMINATED ASSISTANT

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title	
Surname				First names	
Date of birth					
Current address					
Post Town				Postcode	
National Insurance Number					

Do the applicant(s) or nominated assistants have the necessary food safety training to meet current legal requirements? - Evidence **MUST** be produced at time of application.

Yes ☒

No ☐

REQUESTED TRADING TIMES (please use 24 hour clock).

	Start time	Finish time
Monday	9:00	20:00
Tuesday	9:00	20:00
Wednesday	9:00	20:00
Thursday	9:00	20:00
Friday	9:00	20:00
Saturday	9:00	19:00
Sunday	11:00	17:00
Seasonal Variations:		

Has the applicant been licensed with another local authority?

Yes ☐

No ☒

If 'yes', please specify: _____

Has the applicant ever had a Street Trading Consent/Licence suspended or refused?

Yes ☐

No ☒

If 'yes', please specify the Licensing Authority: _____

Does the applicant have the required Public Liability Insurance (£5m)? - Evidence MUST be produced at time of application.

Yes ☒

No ☐

Full details of any vehicles, stall, trolley stand etc to be used in the course of trading. (Include registration/fleet number, height, width, length, colour)	It's a orange food trailer . Height 2.8 Width 3 meter Length 2 meter
Description of goods / articles to be sold. (E.g. hot / cold food, fruit and vegetables etc).	Pizza ,burgur ,wraps fizzy ,buggute sandwich drinks
Address of premises or location where vehicle, stall, trolley, stand and any food will be stored when not in use.	SL1 4aa 217A bath road Slough Matalan

INSPECTION

The vehicle / stand / stall / trolley where trading is taking place must be inspected by a Licensing Officer prior to a Street Trading Consent being issued. Please contact the Licensing Office to arrange an inspection.

Application Check List

- | | |
|--|-------------------------------------|
| I have enclosed the completed application form. | <input checked="" type="checkbox"/> |
| I have enclosed a plan of the site / location. | <input checked="" type="checkbox"/> |
| I have enclosed the completed declaration of convictions & cautions for applicant(s) & nominated persons. | <input checked="" type="checkbox"/> |
| I have enclosed relevant fee. | <input type="checkbox"/> |
| I have enclosed the basic Criminal Record Bureau disclosure for all applicant(s) and nominated persons. | <input checked="" type="checkbox"/> |
| I have enclosed a passport size photograph of applicant(s) and nominated persons.
(A digital image can be emailed to licensing@slough.gov.uk) | <input checked="" type="checkbox"/> |
| I have enclosed proof of right to work for all applicant(s) and nominated persons. | <input checked="" type="checkbox"/> |
| I have enclosed 2 additional forms of identification for each applicant & nominated persons. | <input checked="" type="checkbox"/> |
| I have enclosed a copy of the Public Liability Insurance. | <input checked="" type="checkbox"/> |
| I have enclosed Food Safety / Hygiene certificates for all applicants and nominated persons. | <input checked="" type="checkbox"/> |
| I have enclosed a colour photograph of any vehicles, stall, trolley, stand etc.
(A digital image can be emailed to licensing@slough.gov.uk) | <input checked="" type="checkbox"/> |
| I understand that if I do not comply with the above requirements my application will be rejected. | <input checked="" type="checkbox"/> |

Please note that digital images of the applicant, nominated persons and vehicle etc may be emailed to licensing@slough.gov.uk. Images should be named and referenced to your application.

Please return completed application forms to;

**Licensing
Observatory House
25 Windsor Road
Slough
SL1 2EL**

**Contact Tel: 01753 875664
Email: licensing@slough.gov.uk**

TO BE COMPLETED BY ALL APPLICANTS

Please ensure that you have checked the application form fully before submission AND that you have read the revised – Street Trading Consents – General Conditions.

DECLARATION

The information contained in this form is correct to the best of my knowledge and belief. (It is an offence knowingly or recklessly to make a false statement. A person is to be treated as making a false statement if he/she produces, furnishes, signs or otherwise makes use of a document that contains a false statement)

Wael Birhan
Applicant Name:.....

Signed..... Dated: 31/05/2025.....

Applicant Name:.....

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

Applicant Name:.....

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