

**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 <input type="checkbox"/>
Surname <b>Birhan</b>		First names <b>Wael</b>		
Date of birth <input type="checkbox"/>				
Current address <input type="checkbox"/>				
Post Town <input type="checkbox"/>	<input type="checkbox"/>		Postcode <input type="checkbox"/>	<input type="checkbox"/>
Daytime contact telephone number <input type="checkbox"/>		<input type="checkbox"/>		
E-mail address <input type="checkbox"/>	<input type="checkbox"/>			
National Insurance Number <input type="checkbox"/>				

**SECOND APPLICANT** (if applicable)

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

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 Perimiter 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
<b>Monday</b>	9:00	20:00
<b>Tuesday</b>	9:00	20:00
<b>Wednesday</b>	9:00	20:00
<b>Thursday</b>	9:00	20:00
<b>Friday</b>	9:00	20:00
<b>Saturday</b>	9:00	19:00
<b>Sunday</b>	11:00	17:00
<b>Seasonal Variations:</b>		

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

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

I have enclosed a plan of the site / location.

I have enclosed the completed declaration of convictions & cautions for applicant(s) & nominated persons.

I have enclosed relevant fee.

I have enclosed the basic Criminal Record Bureau disclosure for all applicant(s) and nominated persons.

I have enclosed a passport size photograph of applicant(s) and nominated persons.  
(A digital image can be emailed to [licensing@slough.gov.uk](mailto:licensing@slough.gov.uk))

I have enclosed proof of right to work for all applicant(s) and nominated persons.

I have enclosed 2 additional forms of identification for each applicant & nominated persons.

I have enclosed a copy of the Public Liability Insurance.

I have enclosed Food Safety / Hygiene certificates for all applicants and nominated persons.

I have enclosed a colour photograph of any vehicles, stall, trolley, stand etc.  
(A digital image can be emailed to [licensing@slough.gov.uk](mailto:licensing@slough.gov.uk))

I understand that if I do not comply with the above requirements my application will be rejected.

Please note that digital images of the applicant, nominated persons and vehicle etc may be emailed to [licensing@slough.gov.uk](mailto: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](mailto: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)**

**Applicant Name:**..... Wael Birhan

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

**Applicant Name:**.....

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

**Applicant Name:**.....

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