



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

**Application Type:** Please Tick One box    Grant ☐    Renewal ☐    Variation ☐

**NOTE:** If you need to contact us please email [Licensing.Section@rctcbc.gov.uk](mailto:Licensing.Section@rctcbc.gov.uk)  
To make a payment telephone 01443 570033, and provide your name and bank details.

**Payment must be made in full, with the exception of 12 month consent applications where a monthly payment plan is available. Please be aware that you will need to make an initial payment of £50.00. There is no additional cost for paying by instalments.**

**Please tick here if you wish to pay by instalments (12 month consent only)**

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**No application can be considered by any person under the age of 17yrs**

**Applicant:**

Name			
Date of Birth			
Address (Residential)			
Address (Contact if different to above)			
National Insurance No.			
Telephone Nos.			
Email address.			

**Second Applicant (where appropriate, where there are more than two applicants, please provide full details on separate sheet of paper)**

Name	
Date of Birth	

Address (Residential)			
Address (Contact if different to above)			
National Insurance No.			
Telephone Nos.			
Email address(es).			

Business name if company:	
Registered business no.	
Intended Trading name:	
Contact details if different to above:	

Are you a registered food business?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES with which Local Authority are you registered?	
Current Food Hygiene rating? (Proof of this must be produced if registered by other Local Authorities prior to any consent being granted).	
Date of registration:	

Address or details of the precise location from which you propose to trade if granted a street trading consent. <b>(A scaled site plan showing the precise trading position must be submitted with this application)</b>	
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Name and address of landowner. (Written permission / landlord's consent to operate from the site must be attached to this application)	
Description of the trading unit that will be used. Provide details of vehicle including:- <ul style="list-style-type: none"> <li>• Make &amp; Model</li> <li>• Registration Mark</li> <li>• Power Sources ie generator, LPG Gas, vehicle battery etc.</li> </ul>	

One current colour photograph of the unit must be attached to this application

What type of goods do you intend to sell – i.e., hot food, cold food, household linens, electrical items etc

Details of arrangements for the disposal of waste arising from the unit.  
Evidence of a Waste Disposal Agreement must be submitted with this application where appropriate.

Details of the Insurance Company with whom you have or will be insured for third party and public liability risks. (The certificate of insurance must be produced prior to any consent being granted).

Consent required:	Type	Duration	Tick below (only one box)
	Fixed location	12 Months	
	Fixed location	6 Months	
	Fixed location	3 Months	
	Fixed location	2 Weeks	
	For below Mobile traders: Full details of proposed route(s) to be submitted with this application.		
	Mobile:	12 Months	
	Mobile:	6 Months	
	Mobile:	3 Months	
	Mobile:	2 Weeks	
	For below variation: Full details of changes to be provided with this application		
	Variation		

Proposed days, times and place of trading:			
Day of week	Start Time	End Time	Location
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Have you ever held a Street Trading Licence(s) or Consent(s) with any other Council(s)? YES / NO
If YES please give details of applicant, date(s) and the Council(s) concerned:
Have you ever had a Street Trading Licence(s) or Consent(s) suspended or revoked. YES / NO
If YES please give details of applicant, date(s), the Council(s) concerned and the grounds for suspension revocation.
Have you ever been refused a Street Trading Licence or Consent by this or any other Council? YES / NO
If YES please give the reasons for the refusal.
Do you have the legal right to live and work in the UK? YES/NO

Do you intend to employ any person to assist you or operate the unit in your absence. YES / NO		
If YES, please provide their details below (Please note that employers are obliged to check the status of individuals and their right to work within the UK. Failure to make appropriate checks may render you liable for prosecution.)		
Name	Address	Date of Birth


Rhondda Cynon Taf County Borough Council is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

I/we confirm that –

I/we have read fully and understood the content of the Street Trading Policy and agree to the terms and conditions set out within

- The details contained in the application form and supporting documents are correct to the best of my knowledge and belief
- I/we understand that if any false information is provided, I/we may be guilty of an offence and liable to prosecution
- I/we understand that if this application is granted, I/we must inform the Council of any change in circumstances that mean I/we no longer meet the conditions of consent
- Full payment has been submitted

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print name:

Signature of Other Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print name:

**Data Protection Act 1998** - personal data supplied in connection with this application will be processed in accordance with the Data Protection Act 1998 by Rhondda Cynon Taf County Borough Council for the purposes of administration of licensing and maintenance of official registers, some of which are required to be made publicly available by law.

**Please enclose the following:**

- **Passport style Photo of the applicant/applicants and anyone who you will employ**
- **A copy of photographic ID, such as passport or Driver licence**
- **A copy of your liability insurance**
- **Photo of the unit/vehicle**
- **If you operate on private land, please include permission from the land owner**
- **Site plan to show your exact location/locations**

Please email your application to [licensing.section@rctcbc.gov.uk](mailto:licensing.section@rctcbc.gov.uk)  
or post to

Licensing section, Ty Elai Dinas Isaf East, Williamstown, Tonypany CF40 1NY

This application form is also available in Welsh- Please contact

[Licensing.section@rctcbc.gov.uk](mailto:Licensing.section@rctcbc.gov.uk)