



**Local Government (Miscellaneous Provisions) Act 1982
Application for a Street Trading Consent**

1. Name of Applicant (BLOCK CAPITALS)
 - a) Surname ~~MR~~/MRS/MISS MR GHINEA.....
 - b) Forename (s) ADRIAN.....

2. Address of Applicant (BLOCK CAPITALS)

.....

.....

.....

.....

3. Telephone Number

.....

4. Email Address

.....

5. Date of Birth

.....

6. National Insurance Number

.....

7. Details of the articles/food that you propose to sell

PIZZA, SOFT DRINKS.....

.....

.....

8. Give details of the exact site from which you intend to trade (enclose plan with site detailed)

LONDON ROAD CORNER WITH.....

HILDENBOROUGH CRES ALLINGTON.....

9. State precisely the days of the week and hours that you intend to trade.

MONDAY TO SUNDAY FROM 10AM TILL 10PM.....

10. Give Details:
- a) if a stall/structure/vehicle MERCEDES SPRINTER VAN
- b) of the approximate dimensions of the stall/structure/vehicle 6700mm (long) x 2050mm (wide) x 3300mm (high)
- c) the vehicle registration number(s)
- d) colour of vehicle WHITE
- e) the trading name you use THE FARMERS PIZZA
- f) do you intend to use chimes or a loudspeaker NO
11. If selling food or drinks:
- a) you need to be registered with the **Environmental Health Department** in respect of food hygiene. Are you so registered? Yes/No (if registered elsewhere, please state with which local authority)
- MAIDSTONE
- b) state where your goods will be stored when not being offered for sale
- HOME
12. State where trade refuse will be deposited..... ANY REFUSE OR DISPOSAL AT
- NOTE: UNDER THE 1990 ENVIRONMENTAL PROTECTION ACT YOU ARE UNDER A DUTY OF CARE TO DISPOSE OF ANY REFUSE IN A CORRECT MANNER, FOR WHICH A CHARGE CAN BE LEVIED. FINISH I CARRIED WITH ME HOME
13. If not trading on the highway, state whether consent has been granted for use of land and provide proof of consent
- MAIDSTONE [REDACTED]
14. a) State whether an application for a street trading licence or consent has previously been made by you (or your assistant(s) if any) to any other local authority. Yes/~~No~~
- b) If yes, state whether such licence or consent has been: (i) Granted (ii) Refused (iii) Revoked
- c) If any licence or consent has been refused or revoked give details of the local authority and a brief outline of the circumstances

15. Have you been convicted of any of the following offences involving:
- | | |
|--|--------|
| Violence | Yes/No |
| Dishonesty/theft/handling/burglary | Yes/No |
| Consumer protection or fair trading | Yes/No |
| Public health or food hygiene contraventions | Yes/No |
| Prohibited from running a food business | Yes/No |

If yes, please specify details giving date and place of conviction and sentence imposed.....

16. State the number of assistants that will be used (including their names and addresses, dates of birth and National Insurance Numbers). If none, please write "none". **Please note that assistants must be accompanied and supervised by the consent holder at all times.**

DIANA PUSCASU

17. Any other information that you think is relevant to this application.....THERE'S IS ..

A BIG LARGE FOOTPATH SPACE OVERTHERE WHERE I CAN PARK MY VAN WITHOUT DISTURBING ANYONE

18. If a consent is granted and you have a mobile vehicle (not a trailer), do you wish to be included on the Kent County Council's Emergency Plan list? Yes/No

(In the event of an emergency you may be contacted at short notice to provide food and drink to stranded lorry drivers parked on the M20 motorway in Maidstone. This would be supervised by the police)

I,ADRIAN GHINEA....., hereby apply for the grant of a street trading consent under Schedule 4 of the Local Government (Miscellaneous Provisions) Act 1982 and make the following declaration:

DECLARATION

- a) That if a consent is granted, I undertake to comply with the terms and conditions relating to the consent. I understand that failure by me or any of my assistants employed by me, with or without payment, will render both me and my assistants liable to prosecution and may also result in the revocation of my consent
- b) That I am over 17 years of age
- c) That the answers to the questions are true and complete in every way
- d) That the police may make enquiries into this application and may divulge the results to the Maidstone Borough Council
- e) That I have read and understood the notes attached to this application form.

Maidstone Borough Council takes its obligations under the data protection legislation very seriously and will not disclose information to any unauthorised person. Information may be shared with other services within the council or disclosed to other local and public authorities or government agencies that have a legitimate reason to request the disclosure e.g. the prevention and detection of fraud. For further information please see the following link or contact Lorraine Neale on 01622 602528 or view the website at

http://www.maidstone.gov.uk/home/primary-services/council-and-democracy/primary-areas/information-and-data/tier-3-primary-areas/data-protection#national_fraud_initiative

SIGNED DATED 08/10/2020

PLEASE CHECK THAT YOU HAVE PROVIDED THE FOLLOWING:

- i) A detailed plan showing the exact location on the highway/road where you intend to trade, one for each location
- ii) The correct fee
 - up to 12 days £32.00
 - up to 30 days £69.00
 - up to 90 days £189.00
 - full year consent £405.00

*Please note the 12/30/90 days do not need to be consecutive days. These can be any time during the period of the Consent, but you must state the days and times on the form

*All cheques should be made payable to Maidstone Borough Council

*Alternatively you may pay over the phone by calling 01622 602888 stating your name and the expenditure code 961-CL00C207

- iii) 2 x passport photos
- iv) If you are unable to provide a National Insurance Number you will need to provide proof of right to work, i.e. passport, residence permit

Please bring the completed form and fee to: The Licensing Team, Maidstone Link Reception, King Street, Maidstone, ME15 6JQ – **You will need to make an appointment by telephoning 01622 602255.**

Appointments are on Mondays and Wednesdays 10am – 2pm.

Any assistants you propose to employ should accompany you to the appointment

We are asking you to complete this section as part of our equal opportunities monitoring. We wish to ensure we are treating all sections of the population equally.

		<i>✓ Please tick box</i>
White	British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Any other white background including mixed white – Please state.....	
Mixed White	White & Black Caribbean	<input type="checkbox"/>
	White & Black African	<input type="checkbox"/>
	White & Asian	<input type="checkbox"/>
	Any other mixed white background Please state.....	
Asian or Asian British	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Any other Asian background Please state.....	
British African	Black or White African	<input type="checkbox"/>
	Any other African background Please state.....	
Caribbean or Caribbean British	Black or White Caribbean	<input type="checkbox"/>
Chinese or Other Ethnic Group	Chinese	<input type="checkbox"/>
	Any other Ethnic Group Please state.....	