



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

- 1. NAME OF APPLICANT a) SURNAME MR/MRS/MISS GREENFIELD
(BLOCK CAPITALS) b) FORENAME(S) MARK ANTHONY
- 2. ADDRESS OF APPLICANT
(BLOCK CAPITALS) ISA Higham Rd
Wain Scott Strood
KENT
- 3. TELEPHONE NUMBER (incl. mobile) 01634 296622 / 07811022987
- 4. DATE OF BIRTH 5/7/62
- 5. DETAILS OF THE ARTICLES/FOOD THAT YOU PROPOSE TO SELL CHRISTMAS paper
- 6. GIVE DETAILS OF THE EXACT SITE FROM WHICH YOU INTEND TO TRADE (ENCLOSE PLAN WITH SITE DETAILED) ETHOS pt 9 Gabriels Hill
- 7. STATE PRECISELY THE DAYS OF THE WEEK AND HOURS THAT YOU INTEND TO TRADE. Monday to ~~Saturday~~ SUNDAY
9/6
- 8. GIVE DETAILS:
 - a) IF A STALL/STRUCTURE/VEHICLE STALL
 - b) OF THE APPROXIMATE DIMENSIONS OF THE STALL/STRUCTURE/VEHICLE 2 FT wide 6 FT Long
 - c) THE VEHICLE REGISTRATION NUMBER(S) NA
 - d) COLOUR OF VEHICLE N/A
 - e) THE TRADING NAME YOU USE N/A
 - f) DO YOU INTEND TO USE CHIMES OR A LOUDSPEAKER NO

9. 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 *N/A*
- (IF REGISTERED ELSEWHERE, PLEASE STATE WITH WHICH LOCAL AUTHORITY)
- b) STATE WHERE YOUR GOODS WILL BE STORED *ETHOS PH* WHEN NOT BEING OFFERED FOR SALE
10. STATE WHERE TRADE REFUSE WILL BE DEPOSITED
 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. *N/A*
11. IF NOT TRADING ON THE HIGHWAY, STATE WHETHER CONSENT HAS BEEN GRANTED FOR USE OF LAND AND PROVIDE PROOF OF CONSENT *yes*
12. 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 *N/A*
13. 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 *YES/NO*
 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. *N/A*
14. STATE THE NUMBER OF ASSISTANTS THAT WILL BE USED INCLUDING THEIR NAMES AND ADDRESSES AND DATES OF BIRTH. *NONE*
 IF NONE, PLEASE WRITE "NONE".
 ***(SEE NOTE (a) BELOW)
(Assistants must be accompanied and supervised by the Consent holder at all times)

15. ANY OTHER INFORMATION THAT YOU THINK IS RELEVANT TO THIS APPLICATION. NO

.....

.....

16. 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)

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.

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

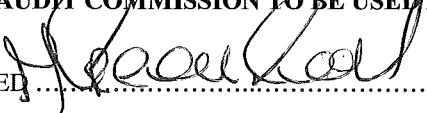
I, MARK GREENFIELD, HEREBY APPLY FOR THE GRANT OF A STREET TRADING CONSENT UNDER SCHEDULE 4 OF THE LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982 AND MAKE THE FOLLOWING DECLARATION:-

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.

I HEREBY GIVE PERMISSION FOR DETAILS OF THIS APPLICATION TO BE PASSED TO THE AUDIT COMMISSION TO BE USED AS PART OF THE NATIONAL FRAUD INITIATIVE

SIGNED  DATED 1/11/10

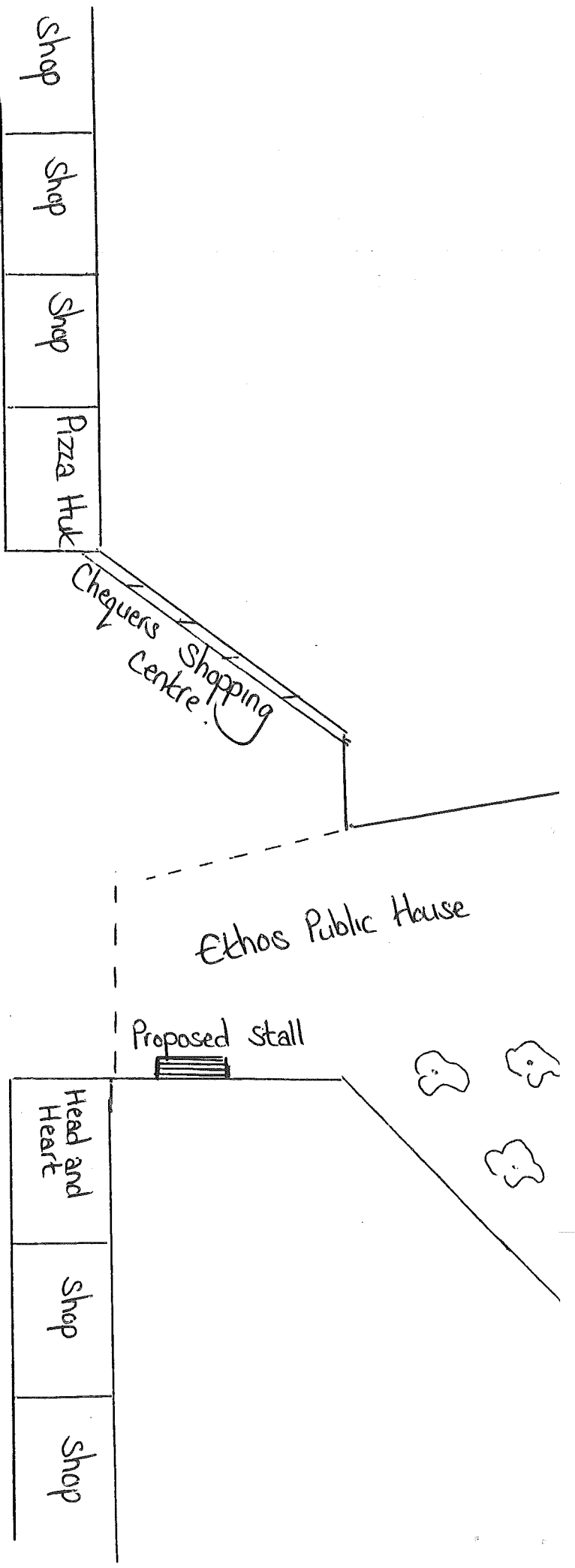
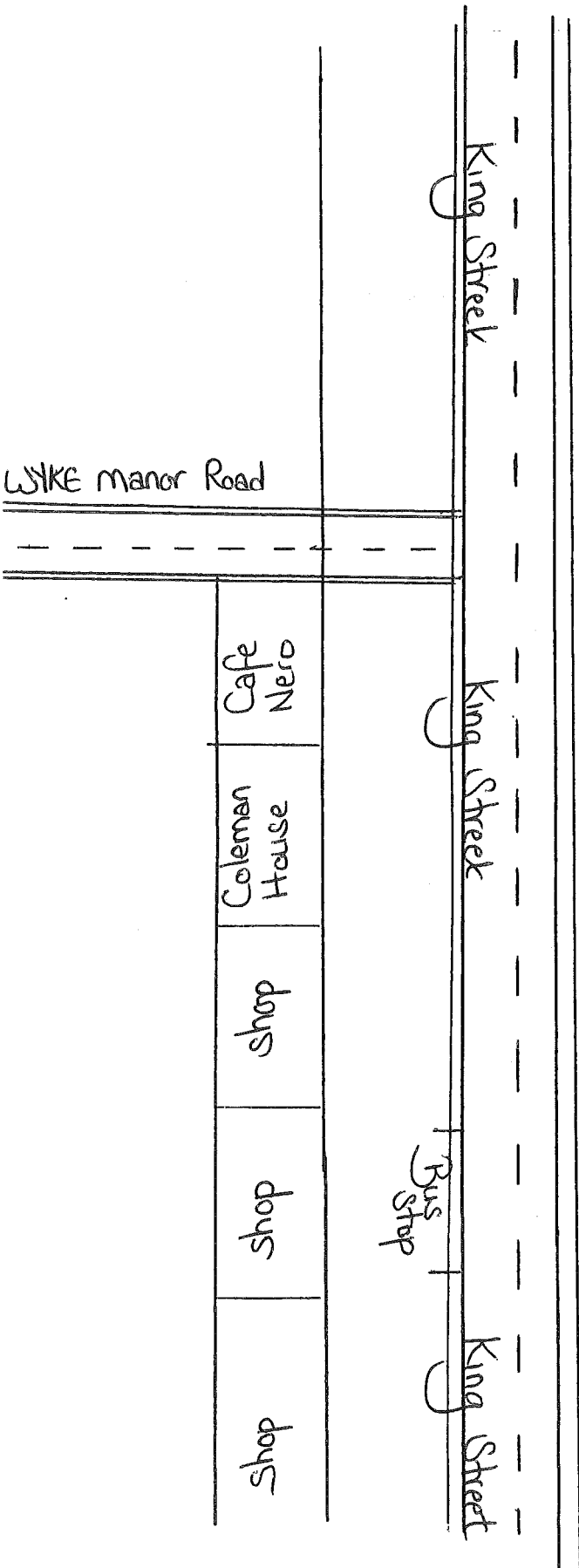
PLEASE CHECK THAT YOU HAVE PROVIDED THE FOLLOWING:-

- 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 £351.00** Cheques should be made payable to Maidstone Borough Council

PLEASE BRING THE COMPLETED AND FEE TO: THE LICENSING SECTION, MAIDSTONE BOROUGH COUNCIL, MAIDSTONE HOUSE, KING STREET, MAIDSTONE, KENT ME15 6JQ.

ANY ASSISTANTS YOU PROPOSE TO EMPLOY SHOULD ACCOMPANY YOU.

WYKE Manor Road



Cafe Nero

Coleman House

shop

shop

shop

Bus stop

King Street

King Street

King Street

Shop

Shop

Shop

Pizza Hut

Chequers Shopping Centre

Proposed stall

Head and Heart

shop

shop

Ethos Public House

MR GREENFIELD

Maidstone Borough Council
The Gateway
King Street
Maidstone
Kent
ME15 6JQ
Tel: (01622) 602888

Date: 01/11/2010

Time: 10:27

Account Reference : 961 C62 C207-NEW ST
MR

: NEW ST MR

Transaction Ref. : 01M/00028099

Fund (Description): 01(Miscellaneous)01

Payment Method : CASH

Amount Tendered : £351.00

Amount Paid : £351.00

VAT @ 0.0% : £0.00

Total Paid : £351.00

Change Given : £0.00

THANK YOU

FOR YOUR PAYMENT

VAT Registration No. 204268978
