



CAMBOURNE PARISH COUNCIL

District of South Cambridgeshire

Application for Street Trading Licence

Applicant Details

First Name

Surname

Email

Telephone No.

Are you:

Applying as a business or organisation, including as a sole trader

Applying as an individual

Applicant Business

Is your business registered in the UK with Companies House? Yes No

Is your business registered outside the UK? Yes No

Business Name

VAT Number

Legal Status

Your position in the Business

Business Address

Building No. or Name

Street

City or Town

Postcode

Further details about Applicant

Former Name(s)

Home Address

Is the address the same as (or similar to) the address given? Yes No

If no, please enter address

Building No. or Name

Street

City or Town

Postcode

Type of Application

New Renewal Temporary*

*Specify the period for which the licence is required (if applicable)

Trading Name

What you want to Trade

You must list all goods and services you want to offer on sale:

Does this include selling food or drink? Yes No

Are you registered as a food business? Yes No

If yes, please fill in the following:

• Local authority where you are registered

• Registration number

Where will goods be stored when not on sale?

When you want to Trade

Day or Days

Time from

Time to

Trading Location

Please select the locations in which you would like to trade

- The Hub Carpark
- Great Cambourne Cricket Pavilion Carpark
- Lower Cambourne Cricket Pavilion Carpark
- Other locations:

Details of Vehicle, Stall and/or Container

Will you be using a vehicle in connection with your work as a trader? Yes No

Details of Vehicle

Make

Model

Colour

Registration No.

Description of unit from which you intend to trade, including dimensions:

Where will the unit be stored when not in use?

Public Liability Insurance

You must have a suitable level of public liability insurance to cover your activity.

Do you have Public Liability Insurance? Yes No

If yes, please provide details of Policy:

Insurance Cover

Policy Number

Period of Cover

Amount of Cover (£m)

If no, please state the steps you are taking to obtain such insurance

Previous Applications

Have you, or any person named in or associated with this application, previously applied for a similar licence or registration? (select all that apply)

- No Yes – application granted
 Yes – application granted & revoked Yes – application refused

If any answer other than no selected, please explain further

Convictions

Have you, or any person named in or associated with this application, been convicted of any crime or offence?

- Yes No

If yes, please give the following details:

First name

Family name

Date of Conviction

Court

Offence

Penalty/Sentence

Additional Details

Please provide any additional information which is required or relevant to your application

Payment Details

This fee must be paid to Cambourne Parish Council. Fees are calculated based on the number of the days you wish to trade.

Fee amount (£)

Declaration

The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.

Full Name

Position

Signature