



**Shetland Islands Council
Civic Government (Scotland) Act 1982
Section 39**

FEE PAID	£
CERT. OF COMPLIANCE.	
RECEIPT NO.	
DATE RECEIVED	
RECEIVED BY	

PLEASE COMPLETE IN BLOCK CAPITALS

APPLICATION FOR GRANT/RENEWAL OF LICENCE TO ACT AS A STREET TRADER

APPLICANT DETAILS (IF SOLE TRADER)

Full Name (including title)	
Home Address	
Postcode	
Telephone Number	
Mobile Number	
E-mail	
Date of Birth	
Place of Birth	
Do you plan to carry out the day to day management of the business?	YES/NO
If NO, please provide the Full Name, Private Address & Postcode, Contact number and Date of Birth & Place of Birth of the person responsible for the day to day management *:	
* This person must also complete an Individual Street Traders Application Form	

APPLICATION DETAILS (IF A BUSINESS / COMPANY / PARTNERSHIP / GROUP)

Full Name of Business/Partnership, etc		
Address of Registered or Principal Office		
Postcode		
E-mail		
Telephone Number		
Nature of Business	Firm/Partnership	Organisation /Group
	Limited Company	Company Number:

Please Complete details of **ALL** Directors, Partners, Committee Office Bearers or other persons responsible for the management of the business. Continue on a separate sheet if necessary

Full Name	
Home Address	
Postcode	
Date of Birth	
Place of Birth	
Position Held	

Full Name	
Home Address	
Postcode	
Date of Birth	
Place of Birth	
Position Held	

***Note: All employees or agents acting as street traders require individual Street Traders Licences.**

Please provide the **Full Name, Private Address & Postcode, Contact number and Date of Birth & Place of Birth** of the person responsible for the day to day management :

Have all applicants been UK Resident/s for 10 years or more? YES/NO
If No, provide name/s of applicant/s:
N.B. if it appears to the licensing authority that the applicant may have been a UK resident for a continuous period of not less than 10 years then further enquiries will be made prior to processing the application.

CRIMINAL CONVICTIONS

Subject to the provisions of the Rehabilitation of Offenders Act 1974, has any party named in this form ever been convicted of **any** crime or offence? Please note that any foreign convictions should be declared. **If no, please write NONE below.**

Name	Date	Court	Offence	Sentence

PREVIOUS LICENCE

Have any persons named in this form held or does currently hold a Street Trader Licence?	YES/NO
If YES, which Authority issued it?	
What was the reference number?	

LICENCE DETAILS

Type of Licence is being applied for:	Grant	
	Renewal	
Days of the week and the hours during each day when it is proposed to act as a street trader.	DAY	HOURS BETWEEN
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
	Sunday	

Nature of goods/services in which it is proposed to trade.	
Address of the premises where the goods will be stored when not being offered for sale.	
Type of vehicle	
Registration Number/Chassis Number, etc	
Description and dimensions of the vehicle, kiosk, trailer or stall*	
Trading name of vehicle, kiosk, trailer or stall*	
<p>*Note: You must attach a photograph of the vehicle, showing all markings/identification, etc. If the unit is altered (i.e. new logo added) then updated photos must be provided. You may email these to ehadmin@shetland.gov.uk</p>	
<p>State trading locations by reference to specific locations or street names or a map if necessary of where you propose to trade.*</p> <p>*(Please attach written consent from the owner, either from private landowner or Council Roads section)</p>	
PROPOSED FOOD BUSINESS – CERTIFICATE OF COMPLIANCE DETAILS (additional fee)	
<p>Details of food hygiene training of person in day to day management of unit</p> <p>(enclose copy of certificate)</p>	
<p>Details of handwashing facilities. (refer to Guidance)</p>	
<p>Details of refrigerated facilities available for storage of perishable food:</p> <p>(a) In the vehicle/kiosk/trailer or stall (b) In other premises (c) Method to monitor temperatures</p>	
<p>Address of the premises where utensils and equipment used in the food business is cleaned.</p>	
<p>Details of chemicals to be used for cleaning and disinfection</p>	
<p>Do you have a food safety management system? If no, then you must complete a written system prior to operating.</p>	YES/NO
<p>If yes, give details & enclose copies of proposed temperature records.</p>	

I declare that the particulars given by me on this form are correct to the best of my knowledge and belief. I hereby make application to Shetland Islands Council for the grant or renewal of a street trader's licence.

Date	
Signature of applicant or agent	
Agents Address	

N.B. Any person who in or in connection with the making of this application makes any statement which he knows to be false or recklessly makes any statement which is false in a material particular shall be guilty of an offence and liable, on summary conviction, to a fine.

Data Protection:

Shetland Islands Council will use the information about you on this form to process your licensing application. In processing your application, the information you have provided may be shared between Council departments and with other agencies where necessary. By signing this form you consent to the Council sharing your information in this way. The Council has a duty to process your information fairly and in accordance with the provisions of the Data Protection Act 1998. We will ensure that the information we hold is accurate, up to date, is kept as long as necessary and is otherwise shared only where we are legally obliged to do so. You can request access to the personal information held about you by the Council by writing to the Head of Governance and Law, Legal Department, 8 North Ness Business Park, Lerwick, Shetland.

Checklist prior to submission of Application Form

Fee (Non- Refundable)	
2 Colour Passport Photos	
Photo/s of mobile vehicle (email to ehadmin@shetland.gov.uk)	Attached/Emailed
Food Hygiene certificate of Applicant or Person in Day to Day Management (for Food Compliance Certificate)	
Location plan	
Letter of Consent from Landowner	

This form is to be lodged with **Environmental Health, Gutters Hut, 7 North Ness, Lerwick, Shetland, ZE1 0LZ**. Please note the fee is an application fee; it will not be refunded in the event of the licence application being either withdrawn or refused.