



Carrickfergus Borough

Environmental Health Department
Street Trading (Northern Ireland) Act 2001

Application Form for a Mobile Street Trading Licence

I HEREBY APPLY TO CARRICKFERGUS BOROUGH COUNCIL FOR THE
GRANT/RENEWAL/VARIATION* OF A STATIONARY STREET TRADING LICENCE
*Please delete as appropriate

The application form must be completed in BLOCK LETTERS

TITLE: (Mr/Mrs/Miss) _____ DATE OF BIRTH: _____

FULL NAME: _____

HOME ADDRESS: _____

POSTCODE: _____ TEL. NO: _____

BUSINESS ADDRESS (if different from above): _____

POST CODE: _____ TEL. NO: _____

DESCRIPTION OF ARTICLES TO BE SOLD: _____

DESCRIPTION OF VEHICLE OR STALL: _____

DIMENSIONS OF VEHICLE OR STALL: _____

(Photographs or drawings of stall/vehicle can be attached to application form)

REGISTRATION NUMBER OF VEHICLE OR STALL: _____

DO YOU OWN THE VEHICLE OR STALL: **YES/NO**

IF NOT, GIVE NAME & ADDRESS OF THE OWNER: _____

ADDRESS AT WHICH VEHICLE OR STALL AND GOODS IS TO BE KEPT WHEN NOT IN
USE: _____

PLEASE PROVIDE DETAILS OF ANY STREET TRADING LICENCE YOU HAVE
PREVIOUSLY HELD: _____

DO YOU HAVE ANY OTHER CURRENT STREET TRADING LICENCES ISSUED BY
OTHER COUNCILS? PLEASE PROVIDE DETAILS: _____

WHICH STREETS/AREA ARE YOU APPLYING TO TRADE ON?

NAME OF STREETS/AREA

THIS SECTION APPLIES TO THOSE WHO WILL BE SELLING FOOD

ARE YOU REGISTERED AS A FOOD BUSINESS: **YES/NO**

IF YES, PLEASE PROVIDE DETAILS (i.e. name of Local Authority where registered, date of last inspection)

WILL BOTTLED GAS BE USED: **YES/NO**

WILL A GENERATOR BE USED FOR POWER: **YES/NO**

In connection with this application for the grant, renewal or variation of a Stationary Street Trading Licence, any applicant who knowingly and wilfully makes a statement in this form which is false in a material particular, shall be liable to prosecution and upon summary conviction to a fine not exceeding £1,000.

I certify that I have read and understand the above statement and that all of the above information contained in this application is correct to the best of my knowledge.

APPLICANT'S SIGNATURE: _____

DATE: _____

FOR OFFICE USE

Date Application Received: _____

Receipt Number: _____

ENCLOSURES

Map

Photo/Sketch of stall

Application Fee

Consent Form