



TAMESIDE METROPOLITAN BOROUGH COUNCIL

Application for a Street Trading Consent and Registration as a Food Hawker

Local Government (Miscellaneous Provisions) Act 1982 Greater

Manchester Act 1981

IMPORTANT

*** Please read Guide for Applicants carefully before completing this form**

*** Two passport sized photographs must accompany this application (not necessary if renewal) ***

Any food hawkers assisting the applicant must complete a separate application form for Registration

Personal Details (block capitals please)

Full name:

Full Address:

Business
Name/
Address

Ltd Company
details (if
applicable):

Email Address:

Mobile:

Home No

D.O.B:

Age:

Stall Details (block capitals please) (**Stall** includes vehicle, cart, barrow, and portable stalls)

Description (including makers name, height, length and width)

Registration/

Fleet No:

Distinguishing Number:

Name & Address

Of Owner:

Owners Tel No:

Home:

Business

Details of Goods to be Sold: (block capitals please) (Please list all types of goods to be offered for sale)

Trading Details: (block capitals please)

Where do you expect to trade?

How many stalls are you seeking consent for?

It is an offence to trade within prohibited areas

Food Traders Only – additional details (block capitals please)

Within the last 12 months have you suffered from:

Food poisoning Yes/No

Salmonella Infection Yes/No

Typhoid Yes/No

Paratyphoid Yes/No

Diarrhoea/Enteric Disorder Yes/No

Staphylococcal Infection including Boils Yes/No

If YES please give details:

Is your stall provided with:

Wash Hand basin and Hot water Yes/No

Sink and Hot water Yes/No

Suitable waste water container Yes/No

Suitable rubbish bins and lids Yes/No

First Aid Kit Yes/No

Which Local Authority is the food business registered with:

Please ensure you provide/enclose evidence of registration with Environmental Health

Declaration of Applicants:

I declare that the information given in this application is true to the best of my knowledge and belief and I understand that any information given, subsequently found to be incorrect may result in possible refusal or revocation of any Consent applied for, or given on the basis of that information.

Please note all applications are for a 12 month period. No refunds will be given.

Signature of Applicant:

Date:

If Company/Partnership, state position: