



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

**Personal Details** (block capitals please)

Full Name:

Tel. No. Home:

Full Address:

Business

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/

Distinguishing number:

Fleet Number:

Name and address  
of owner:

(if not same as above)

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

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.

Signature of Applicant:

Date:

If Company/Partnership, state position

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**OFFICE USE:**

**Food Stalls**

*Satisfactory / Unsatisfactory*

**Authorised Officer:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Plate No.** \_\_\_\_\_

**Badge No.** \_\_\_\_\_ **Date** \_\_\_\_\_

**Environmental Health registered local authority.** \_\_\_\_\_