Form Submission PDF

Street Trading Licence Application

Before you start	
Please tick this box to confirm you have fully read and understood the above information:	Yes

Application type	
I am applying:	
Current consent number:	
How many people are applying?	
Personal details - first applicant	
Surname:	
First Name(s):	
Home address including postcode:	
Date of Birth:	
National Insurance Number:	
Home Telephone Number:	
Mobile Telephone Number:	
Email address:	
Has this applicant ever been refused a street trading consent by this or any other local authority?	
If yes, please give dates and details:	
Passport sized photograph of applicant:	c4eb6c3. jpeg (download)
Passport sized photograph of applicant: Personal details - second applicant	
Personal details - second applicant	
Personal details - second applicant Surname:	
Personal details - second applicant Surname: First Name(s):	
Personal details - second applicant Surname: First Name(s): Home address including postcode:	
Personal details - second applicant Surname: First Name(s): Home address including postcode: Date of Birth:	
Personal details - second applicant Surname: First Name(s): Home address including postcode: Date of Birth: National Insurance Number:	
Personal details - second applicant Surname: First Name(s): Home address including postcode: Date of Birth: National Insurance Number: Home Telephone Number:	
Personal details - second applicant Surname: First Name(s): Home address including postcode: Date of Birth: National Insurance Number: Home Telephone Number: Mobile Telephone Number:	
Personal details - second applicant Surname: First Name(s): Home address including postcode: Date of Birth: National Insurance Number: Home Telephone Number: Mobile Telephone Number: Email address: Has this applicant ever been refused a street trading consent by this	
Personal details - second applicant Surname: First Name(s): Home address including postcode: Date of Birth: National Insurance Number: Home Telephone Number: Email address: Has this applicant ever been refused a street trading consent by this or any other local authority?	
Personal details - second applicant Surname: First Name(s): Home address including postcode: Date of Birth: National Insurance Number: Home Telephone Number: Mobile Telephone Number: Email address: Has this applicant ever been refused a street trading consent by this or any other local authority? If yes, please give dates and details:	

Home address including postcode:		
Date of Birth:		
National Insurance Number:		
Home Telephone Number:		
Mobile Telephone Number:		
Email address:		
Has this applicant ever been refused a street trading consent by this or any other local authority?	s	
If yes, please give dates and details:		
Passport sized photograph of applicant:		
Personal details - fourth applicant	,	
Surname:		
First Name(s):		
Home address including postcode:		
Date of Birth:		
National Insurance Number:		
Home Telephone Number:		
Mobile Telephone Number:		
Email address:		
Has this applicant ever been refused a street trading consent by this or any other local authority?	s	
If yes, please give dates and details:		
Passport sized photograph of applicant:		
Trading details	l _ .	
Trading Name:	Frani	ks ices
Fixed Location Trading		
Street Name and precise location on the street of where trading will take place:	Park	avenue Wisbech pe19
Please upload a map to show the exact location		ed2-5a9e-447f-9ccf-66ec040831a0.jpeg nload)
Mobile Location Trading		
Streets where trading will take place:		
You may upload a file to show the streets where trading will take place		

Yes

No

First Name(s):

Application Type

This application is for an Annual Street Trading Consent:

This application is for a Daily Street Trading Consent:

If your application is for Daily Street Trading Consent, please specify the dates you would like:	
Trading Days and Times	
Monday	
Start (AM)	
Finish (AM)	
Start (PM)	
Finish (PM)	
Tuesday	
Start (AM)	
Finish (AM)	
Start (PM)	
Finish (PM)	
Wednesday	
Start (AM)	
Finish (AM)	
Start (PM)	
Finish (PM)	
Thursday	
Start (AM)	
Finish (AM)	
Start (PM)	
Finish (PM)	
Friday	
Start (AM)	
Finish (AM)	
Start (PM)	
Finish (PM)	
Saturday	
Start (AM)	
Finish (AM)	
Start (PM)	
Finish (PM)	
Sunday	
Start (AM)	
Finish (AM)	
Start (PM)	
Finish (PM)	
misir (Fin)	

Goods to be sold	
Ice cream	Yes

Details:	Whippy ice cream, traditional scoops and sorbets
Confectionary	Yes
Details:	Sweet tubs
Fresh Fruit / Vegetables	
Details:	
Flowers	
Details:	
Hot Drinks	
Details:	
Cold Drinks	Yes
Details:	Cans and bottles
Wet and Dry Fish	
Details:	
Seafood	
Details:	
Cold Food	
Cold Food	
Details:	
Hot Food (select all that apply)	
Details of other items:	

Details of Food Business Registration		
Do you intend to trade in any food items?	Yes	
Food Registration Details		
Local Authority Name:	Huntingdon district council	
Local Authority Address:	Pathfinder house Huntingdon	
Registration reference:		
Food Hygiene Rating	5	
Date first registered:		
Date of last inspection:	13/02/2024	
Please upload a copy of your Food Business Registration Certificate:	Open Search a local authority area - Huntingdonshire Food Hygiene Ratings.pdf (download)	
Trading Unit details		
Type of Trading Unit	Ice Cream Van	
If you've said 'Other', please give further details:		
Vehicle Registration:		
Colour(s) of Trading Unit:	Light blue/cream	

Please explain the proposed arrangements for the storage, collection, removal and disposal of refuse:	All reuse will be disposed of by ourselves in our yard
Unit measurements	
Height	
Meters	3
Cms	0
Width	
Meters	2
Cms	0
Length	
Meters	6
Cms	0
Photographs of trading unit	
Photo 1:	5d659bbf-77e8-4657-ae9b-721a813ce8f9.jpeg (download)
Photo 2:	d702e286-39df-4e30-a9fc-a21a58bb59ed.jpeg (download)
Photo 3:	14d4dabc-5fce-432b-b200-043320a685b0.jpeg (download)
Supporting documents	
If you need to include written permissions, certificates relating to a /generators please do so here:	advertisements, or information about power sources
Document 1:	
Document 2:	
Document 3:	
Notes to accompany documents:	
Public Liability Insurance	
Insurance Company:	
Policy Number:	
Period of Cover:	
Amount of cover (£m)	
Please upload a copy of your public liability insurance:	ty .pdf (download)
Declaration	
I have read and understood the declaration above:	
Once you press 'Submit', you will be taken to the Capita port payment of £50.	tal to make the non-refundable deposit
CHOCECC	
SUCCESS	
AUTHCODE	