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The Street Trading Act (Northern Ireland) 2001

**Guidance on applying for a Mobile Street Trading Licence**

**\*\*\* PLEASE READ THE FOLLOWING IMPORTANT INFORMATION \*\*\***

Applications for mobile street trading licences must be received by Derry City and Strabane District Council within the following time scales:

|  |  |
| --- | --- |
| **Type of application** | **Deadline for receipt of completed application** |
| Grant | 8 weeks prior to the proposed date of trading |
| Renewal | 4 weeks prior to the expiry date of the current licence |

Mobile traders operating more than one vehicle / cart will require separate licences for each one and a separate application is required for each licence.

The application form must be completed fully, in **BLOCK LETTERS,** using **BLACK INK**.

Completed application forms must be accompanied by the relevant fee(s) and charges. Cheques must be made payable to Derry City and Strabane District Council. Card payments can also be made over the telephone. **Cash should not be sent in the post**.

The completed application form must also be accompanied by the following:

* one colour, full face, passport size photograph of the applicant
* an AccessNI Basic Disclosure Certificate, which is not more than 12 months old at the time of the application. Information on how to obtain a certificate is available at <https://www.nidirect.gov.uk/campaigns/accessni-criminal-record-checks>. Applicants from outside Northern Ireland should contact the Licensing Section for advice on Criminal Records checks (contact details below).

**Please note: Traders may be required to submit additional documentation and / or certificates prior to trading as a condition of any licence granted.**

Completed application forms, plus relevant fee and other enclosures, must be returned for the attention of the Licensing Section at either of the following addresses:

|  |  |
| --- | --- |
| Derry City and Strabane District Council  98 Strand Road  Derry  BT48 7NN | Derry City and Strabane District Council  47 Derry Road  Strabane  BT82 8DY |

If you require any assistance in completing your application the Licensing Section will be pleased to assist you.

We can be contacted:

* by telephone 028 71 253 253; and/or
* by email: [licensing@derrystrabane.com](mailto:licensing@derrystrabane.com)

**Privacy Notice**

Data Controller Name: Health & Community Well Being Department/Licensing Derry City & Strabane District Council

Address: 98 Strand Road, Derry, BT48 7NN

Telephone: 02871 253253 Email: [licensing@derrystrabane.com](mailto:licensing@derrystrabane.com)

Data Protection Officer Name: Damian McCay

Telephone: 02871 253253 Email: [Damian.McCay@derrystrabane.com](mailto:Damian.McCay@derrystrabane.com)

**Why are you processing my personal information?**

* For the logging, processing and determination of licensing/permit applications.

**What categories of personal data are you processing?**

* Personal contact details

**Where do you get my personal data from?**

* Application Forms and accompanying documents

**Do you share my personal data with anyone else?**

* Yes, where required by legislation we may share personal date with other agencies as outlined on Council website at the following link <http://www.derrystrabane.com/Footer/Privacy-Policy>

**Do you transfer my personal data to other countries?**

No

**How long do you keep my personal data?**

We will only retain your data for as long as necessary to process your application or investigate an Enforcement case, and in line with Council’s Retention and Disposal Schedule.

**What rights do I have?**

* You have the right to obtain confirmation that your data is being processed, and access to your personal data
* You are entitled to have personal data rectified if it is inaccurate or incomplete
* You have a right to have personal data erased and to prevent processing, in specific circumstances
* You have the right to ‘block’ or suppress processing of personal data, in specific circumstances
* You have the right to data portability, in specific circumstances
* You have the right to object to the processing of your data, **in specific circumstances**
* You have rights in relation to automated decision making and profiling

**You should refer to the Council’s website for further information on your rights:** <http://www.derrystrabane.com/Footer/Privacy-Policy>

**How do I complain if I am not happy?**

If you are unhappy with how any aspect of this privacy notice, or how your personal information is being processed, please contact our Data Protection Officer*.*

If you are still not happy, you have the right to lodge a complaint with the Information Commissioner’s Office (ICO):

**Information Commissioner’s Office**

Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

Tel: 0303 123 1113 Email: [casework@ico.org.uk](mailto:casework@ico.org.uk) <https://ico.org.uk/global/contact-us/>

**Street Trading Act (Northern Ireland) 2001**

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**Application for a Mobile Street Trading Licence**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **For Office Use Only** | | | | | | |
| Date application received |  | |  | | | |
| **Fees / documentation** | | | | | | |
| Appropriate fee / charges |  | Criminal records check | |  | Photographs of receptacle |  |
| Passport photo of applicant |  |  | |  |  |  |

**\***Please tick appropriate boxes (✓)

**1. Type of application**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Grant**\*** |  |  | Renewal**\*** |  |  |

**2. Full name of applicant**

|  |  |
| --- | --- |
| Title: (e.g. Mr/Mrs/Miss) |  |

|  |  |
| --- | --- |
| Surname: |  |

|  |  |
| --- | --- |
| First name(s): |  |

|  |  |
| --- | --- |
| Previous name(s): |  |

**3. Contact details**

**Current home address:**

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Post code: |  |

|  |  |
| --- | --- |
| **Previous home addresses (within last 5 years):**  (continue on separate sheet if necessary) | |
| Address: |  |

|  |  |
| --- | --- |
| Post code: |  |

|  |  |
| --- | --- |
| **Business address (if different to home address)** | |
| Address: |  |

|  |  |
| --- | --- |
| Post code: |  |

|  |  |
| --- | --- |
| **Telephone numbers** |  |
| Home: |  |

|  |  |
| --- | --- |
| Business: |  |

|  |  |
| --- | --- |
| Mobile: |  |

|  |  |
| --- | --- |
| E-mail: |  |

**4. Personal details**

|  |  |
| --- | --- |
| Date of birth: |  |

|  |  |
| --- | --- |
| National insurance number: |  |

**5. Description of articles, things or services in which you wish to trade:**

|  |
| --- |
|  |

**6. Description of receptacle to be used:**

|  |  |
| --- | --- |
| Type of receptacle (e.g. vehicle, trailer, hand cart, etc.): |  |

|  |  |
| --- | --- |
| Vehicle registration number (if vehicle or trailer): |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Maximum footprint dimensions of receptacle: (including any overhanging awning, outward opening doors, etc.)   |  |  |  |  | | --- | --- | --- | --- | | Length (m) |  | Width (m) |  | |

**7. Ownership of receptacle to be used:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Do you own the receptacle? | Yes\* |  |  | No\* |  |  |

|  |  |
| --- | --- |
| If “no”, what are the contact details of the owner? | |
| Name: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Post code: |  |

**8. Address where receptacle will be kept when not in use:**

|  |  |
| --- | --- |
| Address |  |

|  |  |
| --- | --- |
| Post code |  |

**9. Address where articles / things for sale will be stored:**

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Post code: |  |

**10. Proposed trading dates / days / times:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date range:** | | | |
| From: |  | To: |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Trading day(s):\*** |  |  | **Trading hours:** | |
|  |  |  | From: | …until: |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |

**11. Proposed Mobile trading areas:**

Please provide details of all times and areas of trading for each day. This is to include details of streets or housing estates where you will be trading that day.

|  |  |  |  |
| --- | --- | --- | --- |
| **Day(s):** | **Hours:** | | **Route details:** |
| From | Until |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Saturday |  |  |  |
| Sunday |  |  |  |

**12. Additional relevant information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **If the goods/ services supplied include food, are you registered as a food business?** | Yes\* |  |  | No\* | |  |
|  | | | | | |
| If yes, please provide details (i.e. name of Local Authority where registered, the current food hygiene rating and the date awarded): | | | | |

|  |  |
| --- | --- |
| Local Authority: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Current Food Hygiene Rating: |  | Date awarded: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Will bottled, liquefied petroleum gas (LPG) be used?** | Yes\* |  |  | No\* |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Will an electrical generator be used for power?** | Yes\* |  |  | No\* |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of generator: | Petrol\* |  | Diesel\* |  | LPG\* |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Have you previously held or do you currently hold a street trading licence?** | Yes\* |  |  | No\* |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| If yes, please provide details: | | | |
| Type of licence: | Council issuing the licence: | Date of issue: | Date of expiry: |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Have you ever applied for and been refused a licence?** | | | Yes\* |  | |  | No\* |  | |
|  |  | |  |  |  | |
| If yes, please provide details: | | | | | | | |
| Type of licence applied for: | Council refusing the licence: | | | Date of refusal: | | | |
|  |  | | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Do you have public liability insurance?** | | | | Yes\* |  | |  | No\* |  | |
|  | | | | | | |
| If yes, please provide details: | | | | |  | | | |
| Insurance Company: | Policy Number: | Next renewal date: | | | Amount of cover: | | | |
|  |  |  | | |  | | | |

**13. Declaration:**

|  |  |  |  |
| --- | --- | --- | --- |
| I hereby apply to Derry City and Strabane District Council for the grant of a **Mobile Street Trading Licence**.  I understand that if I have made a statement, which I know to be false in a material particular, my application may be refused or any licence granted as a result of this application may be revoked. | | | |
| **SIGNED:** |  | **DATE:** |  |
| (N.B. If you make a statement which you know to be false in connection with this application you will be guilty of an offence and liable, on conviction, to a fine not exceeding £1000.) | | | |