

## Cotswold

Application for a street trading licence or consent Local Government (Miscellaneous Provisions) Act 1982 For help contact

 $\underline{ers. licensing and applications@publicagroup.uk}\\$ 

Telephone: 01285 623000

\* required information

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	me and resume it later. You do not need to be	logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	Hot Food	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
Are you an agent acting on be		Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	Mehmet	
* Family name	Isitmen	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you wou	ld prefer not to be contacted by telephone	
Are you:		
<ul><li>Applying as a business of Applying as an individual</li></ul>	r organisation, including as a sole trader	A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.
<b>Applicant Business</b>		
* Is your business registered in the UK with Companies House?	○ Yes	
* Is your business registered outside the UK?	○ Yes	
* Business name	Max's Kebab	If your business is registered, use its registered name.
* VAT number	none	Put "none" if you are not registered for VAT.
* Legal status	Sole Trader	

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* Your position in the business	owner	
Home country	United Kingdom	The country where the headquarters of your business is located.
Business Address		If you have one, this should be your official
* Building number or name		address - that is an address required of you by law for receiving communications.
* Street		
District		
* City or town		
County or administrative area		
* Postcode		
* Country	United Kingdom	
Section 2 of 11		
FURTHER DETAILS ABOUT TH	HE APPLICANT	
Former name(s)	N/A	If currently or previously known by any other name(s), you must record them here.
Home Address		
Is the address the same as (or s	similar to) the address given in section one?	If "Yes" is selected you can re-use the details
<ul><li>Yes</li></ul>	○ No	from section one, or amend them as required. Select "No" to enter a completely new set of details.
* Building number or name		
* Street		
District		
* City or town		
County or administrative area		
* Postcode		
* Country	United Kingdom	
Further Details		
* Date of birth	dd mm yyyy	
* Place of birth	5-2N	
National Insurance number		]
Section 3 of 11		
DIRECTORS, PARTNERS, OWN	NERS AND MANAGERS	

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is a partnership), OFFICE BEAF	ll COMPANY DIRECTORS and the SECRETARY (if the applicant is a company), all PARTNERS (if it RERS (if it RERS (if it it RERS (if it is a club or association), all OWNERS of the business or premises and all MANAGERS of including day-to-day MANAGERS OF THE PREMISES. Check for local guidance notes and exact requirements.
* Are there any such people for	or whom you need to provide details?
○ Yes	No
Section 4 of 11	
TYPE OF APPLICATION	
Type of application:	New
Specify the period for which the licence is required (if applicable)	1 YEAR
Section 5 of 11	
APPLICATION DETAILS	
	es and conditions before completing this section. Some of the questions may not be relevant r responses may have to provide very specific information
* Type of application?	
Street trading licence	Street trading consent
* Trading name	MAX'S KEBAB
What You Want To Trade	
* List all the goods and service	es you want to offer for sale
DONER CHICKEN BURGER CHIPS SOFT DRINKS HOTDOG	
* Does this include selling foo	nd or drink?
<ul><li>Yes</li></ul>	O No
* Are you registered as a food	business?
○ Yes	<ul><li>No</li></ul>
* Where will goods be stored	when not on sale?
FRIDGE AND FREEZER	
When You Want To Trade	
	ach day of the week (if applicable)
* Day or days	MONDAY - SUNDAY
* From	17;00
	17,00

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* To	23;00	
	Allender	1
	Add another day	1
Where You Want To Trade		
* Type of trading		
○ Mobile		
<ul><li>Stationary</li></ul>		
* Street(s) / location(s) where y	ou wish to trade	
LAKESIDE BUSINESS PARK, SO	UTH CERNEY, GLOUCESTERSHIRE, GL7 5XL	
Section 6 of 11		
DETAILS OF VEHICLE, STALL	AND/OR CONTAINER	
* Will you be using a vehicle in	connection with your work as a trader?	
<ul><li>Yes</li></ul>	○ No	
Provide details of the vehicle		
* Make	FORD	
* Model	TRANSIT	
* Colour	WHITE	
* Registration number	BD54XWP	
* Description of unit from whic	h you intend to trade, including dimensions	
15FT X 7FT WHITE TRAILER		
* Where will the unit be stored	when not in use?	
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Unit 7, Broadway Industrial Estate, Broadway Ln, South Cerney, Cirencester, GL7 5UH (CAR PARK)		
Section 7 of 11		
PUBLIC LIABILITY INSURANC		
You must have a suitable level of public liability insurance to cover this activity – check local requirements.		
* Do you have public liability insurance?		
Yes	O No	
Provide details of the policy		
* Insurance company	MOBILERS CATERING	
* Policy number	0/ISMX11LC01	

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* Period of cover 05/03/2024 - 04/03/2025		
* Amount of cover (£m) 10		
Section 8 of 11		
PREVIOUS APPLICATIONS		
* Have you, or any person named in or associated with this application, previously applied for a similar licence or registration? (check all that apply)		
☐ Yes - application granted ☐ Yes - application refused		
Section 9 of 11		
CONVICTIONS		
* Have you, or any person named in or associated with this application, been convicted of any crime or offence?		
○ Yes		
Section 10 of 11		
ADDITIONAL DETAILS		
Provide any additional information which is required or relevant to your application (check for local guidance notes and conditions which may provide details of specific requirements in your area)		
I CURRENTLY OWN TWO STREET TRADING LICENCES WITH SOUTH GLOS COUNCIL, BRISTOL. I WOULD LIKE TO EXTEND MY BUSINESS VENTURES TO SOUTH CERNEY AS WELL. I BELIEVE I MEET THE CRITERIA WITH MY 12 YEARS OF EXPERIANCE IN THE TRADE. I BELIEVE THAT THE LOCALS COULD REALLY BENEFIT FROM A VENUE AS SUCH AS THIS ALONG WITH THE HOLIDAY MAKERS IN THE AREA.		
Section 11 of 11		
PAYMENT DETAILS		
This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.		
the fee depends on the type of application and period. Please refer to website for the list of fees.		
* Fee amount (£) 808.00		
ATTACHMENTS		
AUTHORITY POSTAL ADDRESS		

Continued from previous page		
Address		
Building number or name		
Street		
District		
City or town		
County or administrative area		
Postcode		
Country	United Kingdom	
DECLARATION		
This section should be comple behalf of the applicant?"	ted by the applicant, unless you answered "Yes'	' to the question "Are you an agent acting on
* Full name		
* Capacity		
Date (dd/mm/yyyy)		
	Add another signatory	
Once you're finished you need 1. Save this form to your comp 2. Go back to <a href="https://www.gov.continue.org/">https://www.gov.continue.org/</a> with your application	uter by clicking file/save as v.uk/apply-for-a-licence/street-trading-licence/c	otswold/apply-1 to upload this file and

Don't forget to make sure you have all your supporting documentation to hand.