# APPLICATION FOR A SPECIAL EVENT TRADING CONSENT

All sections of this application form must be completed in full and legibly.

**Special Event Trading Consents are issued for the duration of your event.**

PLEASE TICK BELOW WHICH PERIOD OF “CONSENT” YOU ARE APPLYING FOR:

## EVENT ORGANISER DETAILS:

|  |  |
| --- | --- |
| **Full name:** | Click or tap here to enter text. |
| **Company name:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **Postcode:** | Click or tap here to enter text. |
| **Telephone number:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |

## EVENT DETAILS:

|  |  |
| --- | --- |
| **Name of Event:** | Click or tap here to enter text. |
| **Description of Event:** | Click or tap here to enter text. |
| **Location of Event:** | Click or tap here to enter text. |
| **Date(s) of Event :** | **From** Click or tap to enter a date. **To** Click or tap to enter a date. |
| **Daily start time:** | Click or tap here to enter text. **(24-hour clock)** |
| **Daily finish time** | Click or tap here to enter text. **(24-hour clock)** |

This section if for the event organiser to provide details for each trader for whom this special event trading consent is applied for:

## TRADER 1:

|  |  |
| --- | --- |
| **Full name:** | Click or tap here to enter text. |
| **Trading name:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **Postcode:** | Click or tap here to enter text. |
| **Telephone. Number:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Vehicle registration** | Click or tap here to enter text. |
| **Vehicle Make/Model** | Click or tap here to enter text. |

PLEASE LIST THE TYPES OF GOODS / PRODUCTS THAT WILL BE SOLD:

|  |
| --- |
| Click or tap here to enter text. |

IS THE TRADER REGISTERED AS A FOOD BUSINESS?

(Tick as applicable)

Yes [ ]  No[ ]

WITH WHICH COUNCIL IS THE TRADER REGISTERED AS A FOOD BUSINESS ESTABLISHMENT?

|  |  |
| --- | --- |
| **Name of council:** | Click or tap here to enter text. |

## TRADER 2:

|  |  |
| --- | --- |
| **Full name:** | Click or tap here to enter text. |
| **Trading name:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **Postcode:** | Click or tap here to enter text. |
| **Telephone. Number:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Vehicle registration** | Click or tap here to enter text. |
| **Vehicle Make/Model** | Click or tap here to enter text. |

PLEASE LIST THE TYPES OF GOODS / PRODUCTS THAT WILL BE SOLD:

|  |
| --- |
| Click or tap here to enter text. |

IS THE TRADER REGISTERED AS A FOOD BUSINESS?

(Tick as applicable)

Yes [ ]  No[ ]

WITH WHICH COUNCIL IS THE TRADER REGISTERED AS A FOOD BUSINESS ESTABLISHMENT?

|  |  |
| --- | --- |
| **Name of council:** | Click or tap here to enter text. |

## TRADER 3:

|  |  |
| --- | --- |
| **Full name:** | Click or tap here to enter text. |
| **Trading name:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **Postcode:** | Click or tap here to enter text. |
| **Telephone. Number:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Vehicle registration** | Click or tap here to enter text. |
| **Vehicle Make/Model** | Click or tap here to enter text. |

PLEASE LIST THE TYPES OF GOODS / PRODUCTS THAT WILL BE SOLD:

|  |
| --- |
| Click or tap here to enter text. |

IS THE TRADER REGISTERED AS A FOOD BUSINESS?

(Tick as applicable)

Yes [ ]  No[ ]

WITH WHICH COUNCIL IS THE TRADER REGISTERED AS A FOOD BUSINESS ESTABLISHMENT?

|  |  |
| --- | --- |
| **Name of council:** | Click or tap here to enter text. |

## TRADER 4:

|  |  |
| --- | --- |
| **Full name:** | Click or tap here to enter text. |
| **Trading name:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
| **Postcode:** | Click or tap here to enter text. |
| **Telephone. Number:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Vehicle registration** | Click or tap here to enter text. |
| **Vehicle Make/Model** | Click or tap here to enter text. |

PLEASE LIST THE TYPES OF GOODS / PRODUCTS THAT WILL BE SOLD:

|  |
| --- |
| Click or tap here to enter text. |

IS THE TRADER REGISTERED AS A FOOD BUSINESS?

(Tick as applicable)

Yes [ ]  No[ ]

WITH WHICH COUNCIL IS THE TRADER REGISTERED AS A FOOD BUSINESS ESTABLISHMENT?

|  |  |
| --- | --- |
| **Name of council:** | Click or tap here to enter text. |

## CHECK LIST

The following additional information must be submitted with your application form.

Please note that should you fail to provide all of the items listed on the following page (unless such items are not applicable to your application), then your application will be deemed “void” and returned to you.

Please “tick” each box to confirm that you have enclosed the following additional information with your application.

|  |  |
| --- | --- |
| **1.** | **The completed Special Event Trading Consent application form** |[ ]
| **2.** | **Your contact telephone number for a member of staff to call you, to take your Special Event Trading Consent Application fee** |[ ]
| **The following additional information is applicable to each Trader for whom you have applied for this Special Event Trading Consent.*****Please note that should you fail to provide all of the items listed for each Trader (unless such items are not applicable to a Trader), then your application will be deemed “void” and returned to you.*** |
| **3.** | **Level 2 Food hygiene certificate (if a food business) and proof of registration as a food business (incl. Current Food Hygiene Rating Scheme Score)** |[ ]
| **4.** | **Current electrical and gas safety certificates (if applicable)** |[ ]
| **5.** | **Current public liability insurance (to a minimum value of £5,000,000)** |[ ]
| **6.** | **Evidence that each of the Traders and any person(s) operating the stall / vehicle / unit holds a valid right to work in the U.K. (UK or EU Passport, Birth Certificate, Residency Permit, etc.)** |[ ]
| **7.** | **Evidence that the the Traders vehicles may legally be driven on the highway be way of a valid M.O.T., valid Motor Insurance and valid Vehicle Excise Duty** |[ ]

**PLEASE NOW COMPLETE THE DECLARATION ON THE FOLLOWING PAGE**

|  |
| --- |
| lock General Data Protection Regulation 2016 (GDPR) / Data Protection Act 2018 (DPA) - Privacy Notice.Under the GDPR and DPA, Ashfield District Council, Urban Road, Kirkby in Ashfield, Nottingham, NG17 8DA is a Data Controller for the information it holds about you. The Council will hold the information above provided by you for assessing your application. The lawful basis under which the Council uses personal data for this purpose is Public Task.The information provided by you includes the following special categories of personal data:* Physical or Mental Health
* Genetic / Biometric data
* Criminal History (including motoring offences)

Information in these categories is used by the Council on the basis that such use is necessary for reasons of substantial public interest, and in accordance with the provisions of the Data Protection Act 2018.Your data will be held for a period of 6 years. Subject to some legal exceptions, you have the right to request a copy of the personal information the Council holds about you; to have any inaccuracies corrected; to have your personal data erased; to place a restriction on our processing of your data; to object to processing; and to request your data to be ported (data portability). The information provided by you may also be used for other functions carried out by the Council in accordance with GDPR and DPA. For more information about how the Council may use your data and to learn more about your rights please see the Council’s Privacy Statement: [**www.ashfield.gov.uk/privacy**](http://www.ashfield.gov.uk/privacy) If you have any concerns or questions about how your personal data is processed, please contact the Council’s Data Protection Officer at the address at the bottom of this form or by email to **dpo@ashfield.gov.uk** . If you are dissatisfied with the Council’s response you can complain to the Information Commissioner's Office in writing to: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or by telephone 0303 123 1113 (local rate) or 01625 545 745. |

## Declaration

I, the undersigned, hereby declare that the information contained in this application is true and accurate to the best of my knowledge.

I understand that if I knowingly or recklessly make a false statement or omit any material particularly in giving information as part of this application I shall be committing an offence and will be liable for prosecution.

I confirm I have read the General Data Protection Regulation 2016 (GDPR) / Data Protection Act 2018 (DPA) - Privacy Notice.

|  |  |
| --- | --- |
| **Signature of applicant:** | Click or tap here to enter text. |
| **Date:** | Click or tap here to enter text. |