

**ADDITIONAL QUESTIONNAIRE FOR
STREET TRADER'S LICENCE
*STANCE / MOBILE SHOP**

NOTE: A separate form should be completed by each proposed employee or assistant and must be signed by the applicant and Street Trader.

Please provide the following details of the employee or assistant:-

OFFICIAL USE ONLY	
Received	
Fee	
Granted/Refused	

1.	(a) Full name and occupation				
	(b) Home Address and Home and Daytime telephone numbers				
	(c) Age, Date and Place of Birth	<u>Age</u>	<u>D.o.B.</u>	<u>Place</u>	
2.	Name of employing Street Trader:				
3.	(a) State location of Stance / Area / Zones as indicated on employer's licence				
	(b) Hours of operation				
	(c) Expiry date on employer's licence				
4.	Subject to the provisions of the Rehabilitation of Offenders Act 1974, has the party named in 1 or 2 above been convicted of any crime or offence in any Court in the United Kingdom? YES / NO* If YES please specify any convictions <i>N.B.</i> All unspent crimes and offences must be declared	Date	Court	Offences	Sentence

I hereby make application to carry on Street Trading as an employee or assistant of the Street Trader referred to above and certify that the information given is true and correct.

Information supplied on this form may be held on computer and I am aware that background enquiries will be made which may include reference to personal data held on computer.

I confirm that in the event of my receiving a licence I intend to carry on Street Trading along with the above named as employee or assistant.

Signature of Applicant Street Trader

Date

Signature of Employee or Assistant

Date