

Buckinghamshire Application for a street trading licence or consent

For help contact

Telephone: 01296 585605

* required information

Section 1 of 11		
You can save the form at any	time and resume it later. You do not need to be	e 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		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 behalf of the applicant? Yes No		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	Ahmed	
Family name	Morjane	
E-mail address		
Main telephone number		Include country code.
Other telephone number		
	uld prefer not to be contacted by telephone	
Are you:		
Applying as a business	or 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 	ual	Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.
Applicant Business		
Is your business registered in the UK with Companies House?	○ Yes	
Is your business registered outside the UK?	○ Yes	
Business name	Hungry Yasmine 2022	If your business is registered, use its registered name.
VAT number BE	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	1	address - that is an address required of you by law for receiving communications.
Street	deansway	
District	buckinghamshire	
City or town	chesham	
County or administrative area		
Postcode	hp5 2nu	
Country	United Kingdom	
Section 2 of 11		
FURTHER DETAILS ABOUT TH	E APPLICANT	
Former name(s)		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	imilar to) the address given in section one?	If "Yes" is selected you can re-use the details
Yes	○ 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	bucking hamshire	
City or town	chesham	
County or administrative area		
Postcode		
Country	United Kingdom	
Further Details		
Date of birth	dd mm yyyy	
Place of birth	morocco	
National Insurance number		
Section 3 of 11		
DIRECTORS, PARTNERS, OWN	IERS AND MANAGERS	

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is a partnership), OFFICE BEAR	I 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	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)	for ever	
Section 5 of 11		
APPLICATION DETAILS		
_	es and conditions before completing this section. Some of the questions may not be relevant responses may have to provide very specific information	
Type of application?		
Street trading licence	 Street trading consent 	
Trading name	Hungry Yasmine 2022	
What You Want To Trade		
List all the goods and services	you want to offer for sale	
Food business with pizza pas	ta and burger mainly italian food	
Does this include selling food	or drink?	
Yes	○ No	
Are you registered as a food b	usiness?	
Yes	○ No	
Local authority where you are registered	bucking hamshire council	
Registration number	PZE7EH-MLDCLD-PDJ8RX	
Where will goods be stored w	hen not on sale?	
НОМЕ		
When You Want To Trade		
Proposed trading times for each day of the week (if applicable)		

Continued from previous page		
Day or days	MONDAY TO SATURDAY	
From	5 PM	
То	11 PM	
	Add another day	
Where You Want To Trade		
Type of trading		
Mobile		
Stationary		
Street(s) / location(s) where you	u wish to trade	
HP5 1ES MARKET SQUARE (CHESHAM)		
Section 6 of 11		
DETAILS OF VEHICLE, STALL	AND/OR CONTAINER	
Will you be using a vehicle in co	onnection with your work as a trader?	
○ Yes	No	
Description of unit from which	you intend to trade, including dimensions	
FORD TRANSIT 1997 3.5 METER	R LENGHT 2.5 WIDE	
Where will the unit be stored w	hen not in use?	
NEAR WHERE I LIVE		
Section 7 of 11		
PUBLIC LIABILITY INSURANCE		
You must have a suitable level	of public liability insurance to cover this activity – check local requirements.	
Do you have public liability ins	urance?	
Yes	○ No	
Provide details of the policy		
Insurance company	SIMPLY BUSINESS	
Policy number	CHGB3769529XB1	
Period of cover	12/12/2022 TO 11/12/2023	
Amount of cover (£m)	1	
Section 8 of 11		
PREVIOUS APPLICATIONS		

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Have you, or any person named (check all that apply)	d in or associated with this application, previously applied for a similar licence or registration?
⊠ No	Yes - application granted and revoked
Yes - application granted	☐ Yes - application refused
Section 9 of 11	
CONVICTIONS	
Have you, or any person named	d in or associated with this application, been convicted of any crime or offence?
○ Yes	No
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ADDITIONAL DETAILS	
-	tion which is required or relevant to your application (check for local guidance notes and details of specific requirements in your area)
Section 11 of 11	
DECLARATION	
This section should be complet behalf of the applicant?"	red by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
Full name	AHMED MORJANE
Capacity	FULL
Date	23 / 12 / 2022 dd mm yyyy
	Add another signatory
and continue with your applica	uter by clicking file/save as .uk/apply-for-a-licence/street-trading-licence/buckinghamshire/apply-1 to upload this file

OFFICE USE ONLY		
Applicant reference number		
Fee paid		
Payment provider reference		
ELMS Payment Reference		
Payment status		
Payment authorisation code		
Payment authorisation date		
Date and time submitted		
Approval deadline		
Error message		
Is Digitally signed		
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