



**Shetland Islands Council  
Civic Government (Scotland) Act 1982  
Section 39**

FEE PAID	£
RECEIPT NO.	
DATE RECEIVED	
RECEIVED BY	

PLEASE COMPLETE IN BLOCK CAPITALS

**APPLICATION FOR GRANT/RENEWAL OF LICENCE TO ACT AS AN  
INDIVIDUAL STREET TRADER**

**TYPE OF LICENCE APPLIED FOR**

Grant

Renewal

**APPLICANT DETAILS**

Full Name

Home Address

Postcode

Telephone Number

Mobile Number

E-mail

Date of Birth

Place of Birth

Are you self employed

YES/NO

If no, Name & address of Street Trader employing you

Do you plan to carry out the day to day management of the business?

YES/NO

If NO, please provide the **Full Name, Private Address & Postcode, Contact number and Date of Birth & Place of Birth** of the person responsible for the day to day management \*:

**\* This Person must also complete a Street Trader or Individual Street Traders Application Form**

**Photographic Identification**

Two passport size photographs must be supplied. They should be recognisable and there should be no hats/head covering or glasses worn. The photograph will be used to produce the identification badge for individuals working as a Street Trader & must be worn as part of the licence conditions.

**CRIMINAL CONVICTIONS**

Subject to the provisions of the Rehabilitation of Offenders Act 1974, has any party named in this form ever been convicted of **any** crime or offence? Please note that any foreign convictions should be declared. **If no, please write NONE below.**

Name	Date	Court	Offence	Sentence

**PREVIOUS LICENCE**

Have any persons named in this form held or does currently hold a Street Trader Licence?	YES/NO
If YES, which Authority issued it?	
What was the reference number?	

**PROPOSED FOOD BUSINESS**

Details of food hygiene training (enclose copy of certificate)	
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I declare that the particulars given by me on this form are correct to the best of my knowledge and belief. I hereby make application to Shetland Islands Council for the grant or renewal of a street trader's licence.

Date	
Signature of applicant or agent	
Agents Address	

N.B. Any person who in or in connection with the making of this application makes any statement which he knows to be false or recklessly makes any statement which is false in a material particular shall be guilty of an offence and liable, on summary conviction, to a fine.

**Data Protection:**

Shetland Islands Council will use the information about you on this form to process your licensing application. In processing your application, the information you have provided may be shared between Council departments and with other agencies where necessary. By signing this form you consent to the Council sharing your information in this way. The Council has a duty to process your information fairly and in accordance with the provisions of the Data Protection Act 1998. We will ensure that the information we hold is accurate, up to date, is kept as long as necessary and is otherwise shared only where we are legally obliged to do so. You can request access to the personal information held about you by the Council by writing to the Head of Governance and Law, Legal Department, 8 North Ness Business Park, Lerwick, Shetland.

**Checklist prior to submission of Application Form**

Fee (Non- Refundable)	
2 Colour Passport Photos	
Food Hygiene certificate	

This form is to be lodged with **Environmental Health, Old Anderson High School, Lovers Loan, Lerwick, Shetland, ZE1 0BA**. Please note the fee is an application fee; it will not be refunded in the event of the licence application being either withdrawn or refused.