

MID SUSSEX DISTRICT COUNCIL

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982

APPLICATION FOR STREET TRADING CONSENT

1	Name of applicant				
	Home address				
	Tel. no.				
	Trading name:				
	Business Address				
	Tel. no.				
2	Name of event at which you are	applying to trade:			
	Trading location:				
	Dates and times:				
3	No of vehicles and stalls to be brought on site:				
	Vehicle registration numbers: an	d names of registered owners:			
4	Type of structure (please tick ap	propriate box/boxes:	_		
	Stall Purpose bui	ilt vehicle Converted	ł vehicle		
	Other (please specify):				
5	State full names of all other personeeded continue on a separate sheet)	ons who may assist you in the s	sale or provision of articles: (if		
	Heeded Continue on a Coparato S				
6	Description of the proposed artic	les or foods to be sold:			
7	Name of person completing this	questionnaire:			
	Address:				
	2 : 1	Data			
	Signed:	Date			
	Position in Company:				
_					
	Completed forms must be returned to: Licensing Team, Environmental Health, Mid Sussex District Council, Oaklands, Oaklands Road,				
	Haywards Heath, West Sussex, RH16 1SS				
Fo	or Ref. No	Licensing	Food & Safety		
Of	ffice se Only	Licensing	Food & Salety		
US	se Only	1	1		

The street trading fees are as follows for commercial stalls

Day Charge	£ 31.00
2/3 Day Event	£ 47.00
Weekly Charge	£ 84.00
Monthly Charge	£135. 00
Annual Charge	£382. 00

FOOD SAFETY AND HEALTH & SAFETY QUESTIONNAIRE

FOOD BUSINESSES MUST ANSWER QUESTIONS IN BOTH SECTIONS A & B ALL BUSINESSES MUST ANSWER QUESTIONS IN SECTION B

SECTION A - FOOD QUESTIONNAIRE: To be completed by all food providers

1	Do you intend to sell food or drink? Yes \square No \square		
	If you have answered 'NO' proceed to SECTION B of this form		
2	If selling or providing food or drink, which Local Authority is your food business registered with:		
3	Do you have a documented 'Food Safety Management System' e.g. Safer Food Better Business		
	Yes No		
4	Please indicate which of the following foods you carry either for sale or for use as an ingredient:		
	Milk Depositry Deposition Deposit		
	Fish Shellfish Egg products Raw meat Cooked meat		
	(NOTE: WE MAY VISIT YOUR STALL DURING THE EVENT AND REQUEST A SAMPLE OF YOUR HIGH RISK FOOD FOR MICROBIOLOGICAL TESTING)		
5	If any food products are prepared or stored in a place other than the vending vehicle or stall,		
	please state what is done and where:		
6	Will food be delivered to the site by a separate supplier? Yes \square No \square		
	If Yes, please describe arrangements for delivery of food to your stall:		
7	Do you have ready-to-eat food and raw food on your stall? Yes No		
	Do you have ready-to-eat food and raw food on your stall? Yes No If yes, how do you ensure separation of raw and ready-to-eat foods?		
	in you, now do you oncure coparation of fair and ready to out rocae.		
	Development and a series and a		
8	Do you have separate equipment for raw and ready-to-eat food e.g. trays, tongs or scales?		
_	Yes U No U		
7	How do you identify which equipment is for raw and which is for ready-to-eat foods?		
8	Please indicate which of the following facilities you intend to provide on site:		
	Refrigerator		
	Oven Grill Microwave		
	Other cooking facilities (Please specify):		
9	Do you use a probe thermometer?		
	(NOTE: YOU MUST ENSURE THE PROBE IS CLEANED AND DISINFECTED BEFORE AND AFTER USE)		
10	Do you keep temperature-monitoring records? Yes No		
	bo you keep temperature-monitoring records?		
11	Will food be kept hot after cooking?		

	If YES, how will food be kept at above 63°C?		
12	Do you provide "TASTE" samples for you fixed the served hygien		No 🗆
13	What arrangements have you made for hand washing on the stall?		
	Wash hand basin ☐ Soap ☐ Hand drying facilities ☐		
	Describe your method of providing both temperature at the wash hand basin:	n hot and cold water or water at a su	itably controlled
14	Do you supply protective clothing for for	od handlers? Yes	□ No □
15	Please indicate the facilities you intend	to provide for cleaning equipment:	
	Sink Hot water supply	to the sink \Box	
16	Please specify materials used for clean	ing:	
	Detergent Disinfectant D	Sanitiser	
	Other please specify:		
	(NOTE: YOU MUST ENSURE YOU CLEAN REGULARLY THROUGHOUT THE EVENT -DURING AN INSPECTION IT MAY BE VERIFIED USING ENVIRONMENTAL SWABBING OF SURFACES OR EQUIPMENT)		
18	Do you use water to prepare cold drinks, food or wash food? e.g. to wash salad?		
	Yes No D		
	How is water stored on the stall, what type of containers used?		
	How do you clean the containers and h	ow frequently?	
	Where do you intend to obtain your water supply?		
	(NOTE: WATER SAMPLES MAY BE TAKEN	DURING THE EVENT FROM STAND PIPE	ES AND STALLS)
19	, , , , , , , , , , , , , , , , , , , ,		isposal of dirty water
	and refuse at the trading site?		
20	Please give details of Food Hygiene working on your stall or vehicle:	Training completed by all member	s of staff that will be
	Name	Level of Training	Date

SE	CTION B - HEALTH AND SAFETY QUESTIONNAIRE	
1	ELECTRICAL SAFETY	
	Have all electrical portable appliances in use at your stall vehicle/ been tested? Yes $\ \square$ No $\ \square$	
	NOTE: IT IS A RECOMMENDATION THAT YOUR EQUIPMENT HAS CURRENT PAT TEST CERTIFICATE (Inspection certificates should be available for inspection when trading on site)	
2	FIRE SAFETY EQUIPMENT What type and number of fire extinguishers are provided at your stall or vehicle?	
	Do you have a fire blanket for use on your stall? Yes \(\subseteq \text{No} \) No \(\subseteq \text{NOTE: THIS IS A REQUIREMENT ON STALLS USING DEEP FAT FRYERS)}	
3	GAS SAFETY	
	Do you use LPG on your stall or vehicle? Yes \square No \square	
	if you have answered NO please proceed to question 12	
	If YES, state quantity in kg to be stored on the stall kg	
	(NOTE: YOU MUST NOT EXCEED 2x 35Kg AT ANY ONE TIME)	
4	What health and safety training have you and/or your staff had? (Please give the type of training received and dates of the courses)	
5	How often does a suitably trained person make a visual inspection of the gas cylinders, pipework & appliances, including ventilation and flues, etc?	
6	Has the gas system of your unit been inspected, tested and serviced by a competent gas installation engineer e.g. CORGI registered? Date the latest / inspection / service was last carried out::	
	Name and address of competent person:	
	Registration/competency details (e.g. CORGI Number etc.):	
7	What method/s or product/s do you use for checking for gas leaks?	
	How often is this done?	
8	While trading, are your LPG cylinders kept: a) In a separate gas tight compartment within the vehicle/unit?	
	Yes No	
	b) In a separate gas tight compartment attached to the outside of the vehicle/unit?	
	Yes 🗆 No 🗆	
	c) Outside the vehicle but secured and protected against unauthorised interference?	
	Yes \square No \square d) If you have said 'YES' to either a) or b) above, does the compartment have high & low	
	ventilation direct to the outside?	
9	What length of flexible hose is used to connect the LPG to each appliance?	

10	How are the containers restrained whilst in use?		
11	Do you display the following written safety information and warning notices at appropriate locations within your vehicle /unit?		
	General Safety Precautions: Yes \square No \square Ch	nanging Cylinders: Yes 🗌 No 🗌	
	Action in the event of a gas leak: Yes \square No \square In	case of fire: Yes \square No \square	
12	2 GENERATORS		
	Do you use a petrol or diesel generator in the course of If Yes, please state the type of generator used:	your operation? Yes \square No \square	
	if you have answered NO please proceed to question	on 15	
13	Where is the generator located?a) While in transit:		
	b) While trading:		
14	4 How and where is the fuel for the generator stored? a) While in transit:		
	b) While trading:		
	c) Where is the generator re-fuelled while trading?		
15	5 FIRST AID		
	Do you have a First Aid Box for use on your stall or veh	icle? Yes 🗌 No 🗌	
16	Name of person completing this questionnaire:		
	Address:		
	Signed: Date:		
	Position in Company:		

Notes:

- (i) Confidentiality The information provided by applicants in this questionnaire is to be used to assess the suitability of applicants to operate a business at events within Mid Sussex. Information may only be shared between the market/event organiser and departments of the Mid Sussex District Council and will remain confidential.
- (ii) Food Safety Law & Health & Safety Law It is the responsibility of each applicant and business to comply with the requirements of the relevant legislation applicable to their business activities, for example The European Communities Act 1972, Food Hygiene (England) Regulations 2006, the Food Safety Act 1990, General Food Regulations 2004, EC Regulations No's 178/2002, 852/2004, 853/2004, the Health & Safety at Work etc Act 1974 and regulations made there under.

The information contained in this document is not an exhaustive list of food safety and health and safety responsibilities or duties. This document is not intended to represent a comprehensive checklist of the legislation to which it may refer. Accordingly, Mid Sussex District Council accepts no responsibility for any failing or breaches either directly or indirectly connected to your food safety and health and safety obligations.

"The information given on this form will be used in accordance with the Council's registration under the Data Protection Act 1998".