



HILLINGDON
LONDON

06 OCT 2011

Application for a Street Trading Licence
Pursuant to the London Local Authorities Act 1990 (as amended)

Important Notes:

1. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.
2. You may wish to keep a copy of the completed form for your records
3. Incomplete applications will not be processed and returned to the applicant

Section 1. - Premises details

1.A Address/location of premises;

Trading Name of premises THE FLOWER STALL

Address OUT SIDE McDONALDS 144 HIGH STREET

RUSHIP

Post Code HA4 8LJ

Contact number at premises 07505791269

1.B Please tick the type of licence you are applying for;

- ☐ Shop Front
- ☐ Tables & Chairs
- ☒ Pitch

1.C Please tick whether your application is for a new licence or to renew your existing licence;

- ☐ New Licence application
- ☒ Renewal application

1.D Information relating to Shop Front applications only;

Size of shop front licensed area; 1 Metre ☐ 2 Metres ☐ 3 Metres ☒

1.E Information relating to Tables & Chairs applications only;

How many Tables & Chairs will you be placing in the licensed area? 3 TABLES

1.F Information relating to Pitch applications only;

Please provide details of the size and location of the proposed pitch - 3 M BY 3 M

Section 2. – About the Applicant & Assistants

2.A Applicants details;

Title MRS First Name/s BARBARA
Surname/s ALLVEY
Address [REDACTED]
..... [REDACTED]
..... [REDACTED]
..... Post Code [REDACTED]
Date of Birth (D/M/Y) [REDACTED] Place of birth [REDACTED]
Mobile number [REDACTED] email [REDACTED]

2.B Assistant 1 Details;

Title MISS First Name/s CANDICE
Surname/s ALLVEY
Address [REDACTED]
..... [REDACTED]
..... [REDACTED]
..... Post Code [REDACTED]

2.C Assistant 2 Details;

Title First Name/s
Surname/s
Address
.....
.....
..... Post Code

Section 3. – Details of trading

3.A Hours of trade;

Please give the days and times during which street trading activities will take place;

Monday <u>7 am</u> to <u>2 pm</u>	Friday <u>7 am</u> to <u>2 pm</u>
Tuesday <u>7 am</u> to <u>7 pm</u>	Saturday <u>7 am</u> to <u>7 pm</u>
Wednesday <u>7 am</u> to <u>7 pm</u>	Sunday <u>7 am</u> to <u>7 pm</u>
Thursday <u>7 am</u> to <u>7 pm</u>	

3.B Articles/Commodities/Services for sale;

FLOWERS - PLANTS - MEMORALS

Section 4. Checklist & Declaration

4.A Checklist

Please tick;

- ☒ I have enclosed a copy of my Photo ID (*Passport, Driving Licence etc*)
- ☒ I have enclosed proof of home address
- ☒ I have enclosed the licence fee (*Please refer to fee schedule*)
- ☒ I have enclosed a plan/map of the proposed licensed area
- ☒ I have enclosed evidence of public liability insurance to £2million
- ☐ I have enclosed passport size photos of myself and the assistants
- ☒ I understand that I must display a notice of application in the window of the application premises for 21 days
- ☒ I understand that if I do not comply with the above requirements, my application will be rejected

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE NOT EXCEEDING £20,000, FOR ANY PERSON TO MAKE A FALSE STATEMENT WHICH HE KNOWS TO BE FALSE IN ANY MATERIAL RESPECT, OR WHICH HE DOES NOT BELIEVE TO BE TRUE IN CONNECTION WITH AN APPLICATION FOR THE GRANT, VARIATION, RENEWAL OR TRANSFER OF A STREET TRADING LICENCE.

Applicant

I MRS BARBARA ALLVEY (insert name) declare that the information given in this application is true and complete in every respect.

Signature;  Date; 6-10-21

Please send your application and its enclosures to;

The Licensing Service
London Borough of Hillingdon
Civic Centre
High Street
Uxbridge
UB8 1UW



Insurances

Optima Trade Plus Schedule
Policy Number GA472936XB

INSURED	Mrs barbara Allvey
Trading Name	The Flower Stall
Correspondance Address	[REDACTED]
TRADE or BUSINESS	
Primary	Florist and no other for the purpose of this policy
Reason for Issue	Non Material Adjustment
Period of Insurance	From 22 February 2011 to 21 February 2012 expiring at midnight or any further period for which the COMPANY may accept payment of the premium required This schedule replaces any previous Schedules from the commencement date of the Period of Insurance shown above
Renewal premium	£60.00 + Insurance Premium Tax £3.60 Total £63.60
Agent Details	Simply Business
Please address any enquiries to	Suite 401, Sol House 29 St Katherine's St Northampton NN1 2QZ Tel: 0845 071 0270

POLICY SECTIONS

PUBLIC LIABILITY INSURANCE SECTION

Limit of
Indemnity
£2,000,000

Maximum number of proprietors PARTNERS DIRECTORS or EMPLOYEES working at any one time 1
Annual Premium for the Public Liability Insurance Section (excluding Insurance Premium Tax) £60.00

EMPLOYERS LIABILITY INSURANCE SECTION

Limit of
Indemnity
Not Insured

Maximum number of EMPLOYEES working at any one time 0
Annual Premium for the Employers Liability Insurance Section (excluding Insurance Premium Tax) Not Insured