



APPLICATION FOR REGISTRATION AS A CASUAL TRADER
(PLEASE COMPLETE IN CAPITAL LETTERS)

Before you can trade in any of the Council's markets, you must register with us as a casual trader. Once you've completed the form, take it in person to the Market's Office, Dawes St (off East St) London SE17 1EL TEL: 020 7525-6000 between 10.30am - 3.00pm Monday to Friday.

You will need to bring the following items with the form:

Two passport size photos of yourself

Proof of identity e.g. passport and driving licence

Documentation confirming your address, e.g. Council Tax Bill

Proof that you have 3rd party public liability insurance cover with a minimum value of £750,000

£10.00 Registration Fee

Please note that casual traders registered with us are authorised to trade by holding a temporary day licence. Casual traders have no trading rights to a particular pitch and are not guaranteed the right to pitch on any day.

SURNAME: FIRST NAME:

ADDRESS:

DATE OF BIRTH:

TELEPHONE NO:

NATIONAL INSURANCE NUMBER:

COMMODITY:

I HAVE READ THE LONDON BOROUGH OF SOUTHWARK'S STANDARD LICENCE CONDITIONS AND AGREE TO ABIDE BY THEM.

SIGNED: DATE:

PLEASE NOTE:

- A casual trader may only trade in their registered commodity. Should you wish to alter the registered commodity, you MUST make a formal application to do so.
- Any non-approved variation may result in your position of seniority being cancelled.
- If you need any advice on acceptable commodity descriptions, please talk to any of the Market Staff.
- THIS OFFICE HAS A DUTY TO PROVIDE DETAILS OF NEW LICENCE APPLICATIONS TO THE INLAND REVENUE, OTHERWISE ALL THE INFORMATION YOU PROVIDE WILL BE KEPT IN THE STRICTEST CONFIDENCE.
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SECTION B- ETHNIC ORIGIN

You do not have to complete this section, but it will help us monitor our Equal Opportunities Policy if you do.

ORIGIN Please mark the box you feel is most appropriate:

BLACK <input type="checkbox"/>	IRISH <input type="checkbox"/>	ASIAN <input type="checkbox"/>	EUROPEAN <input type="checkbox"/>
	ASIAN <input type="checkbox"/>	CARIBBEAN <input type="checkbox"/>	AFRICAN <input type="checkbox"/>
WHITE <input type="checkbox"/>	UNITED KINGDOM <input type="checkbox"/>	CYPRIT <input type="checkbox"/>	CHINESE VIETNAMESE <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>		

ARE YOU:
FEMALE **MALE**

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?
YES **NO**

PLEASE STATE NATURE OF DISABILITY:

FOR OFFICE USE ONLY

DATE RECEIVED:

PROOF OF IDENTIFICATION:

NAME OF OFFICER:

INSURANCE
S.A.S.T. **N.F.M.T.** **OTHER.**

OTHER, GIVE DETAILS

DATE OF REGISTRATION:

REGISTRATION NUMBER:

INSURANCE EXPIRES ON:

FEE: £10.00