|  |  |  |
| --- | --- | --- |
|  DBC logo | **SERVICES GROUP****Licensing Section****Town Hall, Darlington DL1 5QT****Tel: 01325 405 888****Email:licensing@darlington.gov.uk** |  |

Local Government (Miscellaneous Provisions) Act 1982 Section 3, Schedule 4

**DETAILS OF AN ASSISTANT TO**

**STREET TRADING CONSENT HOLDER**

|  |  |  |
| --- | --- | --- |
|  | **Surname** |  |

|  |  |  |
| --- | --- | --- |
|  | **First Name(s)** |  |

|  |  |  |
| --- | --- | --- |
|  | **Full Home Address:** |  |
|  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Post Code** |  | **Telephone Number** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Date of Birth** |  | **National Insurance No** |  |

|  |  |  |
| --- | --- | --- |
|  | **Street Trading Consent Holder you are working for:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Have you ever been refused a** |  | Yes |  | No |  |

|  |  |  |
| --- | --- | --- |
|  | **Street Traders Consent or application to become an assistant in this or any other area? If so please give full details.** |  |

|  |  |
| --- | --- |
|  | **I certify that the above details are to the best of my knowledge a true and correct record. I enclose 2 passport type photographs.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Signed** |  | **Date** |  |

**IMPORTANT NOTICE: We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations which handle public funds. Our data protection registry holds details of the people who may use this information. Your personal data will otherwise be kept secure and confidential in all respects.**