|  |  |
| --- | --- |
|  | Falkirk Council Licensing Unit  Foundry  4 Central Park  Central Boulevard  Larbert  FK5 4RU  Telephone: 01324 501575  E- mail: licensing@falkirk.gov.uk |

**Civic Government (Scotland) Act 1982**

**Application for the grant/renewal of a Market Operator Licence**

1. All relevant questions must be answered in block letters or typescript.
2. Failure to fully and accurately complete any section (in particular Section 6) of the application form and failure to submit the necessary supporting documentation may render it void.

**Before completing the application please read the guidance notes on:-**

**(i) Applying for a market operator licence.**

**(ii) Guidance on apply for a market operator licence.**

**SECTION 1**

**Question 1**

|  |  |
| --- | --- |
| Is the application in respect of a new grant or renewal? | NEW / TEMPORARY / RENEWAL\* |
| If renewal give details: | Licence No.:  Expiry Date: |

**SECTION 2**

**Question 2**

To be completed only if the application is being made by a natural person (i.e. individual)

|  |  |
| --- | --- |
| (a) Full Name of applicant |  |
| (b) Private Address (including postcode) |  |
| (c) Date of Birth |  |
| (d) Town and Country of Birth |  |
| (e) Mobile Telephone Number |  |
| (f) Home Telephone Number |  |
| (g) Works Telephone Number |  |

**Question 3**

|  |  |
| --- | --- |
| Do you intend to carry out the day to day management of the business? | YES/NO\* |

\*If you have answered NO you must complete section 5

**Question 4**

To be completed only if the application is by a non-natural (i.e. partnership or company)

|  |  |
| --- | --- |
| (a) Full name of partnership or company. (If a partnership a copy of the agreement must be submitted with a new application). |  |
| (b) Address of principal/registered office including postcode. |  |
| (c) Telephone Number of principal/registered office. |  |
| (d) Registered Company Number |  |
| (e) E-mail Address |  |

(d) Names, private addresses and place and date of birth of its directors, partners, or other persons responsible for its management (continue on a separate sheet if necessary).

|  |  |  |
| --- | --- | --- |
| Full Name | Private Address | Date and Place of Birth |
|  |  |  |
|  |  |  |
|  |  |  |

**Question 5**

To be completed in respect of the employee or agent who is to carry on the day-to-day management of the activity in relation to which the application is made.

|  |  |  |
| --- | --- | --- |
| Full Name | Private Address | Date and Place of Birth |
|  |  |  |

|  |  |
| --- | --- |
| E-mail Address |  |
| Home Telephone Number |  |
| Work Telephone Number |  |
| Mobile Telephone Number |  |

**Question 6**

|  |  |
| --- | --- |
| Does any of the persons named in sections 2, 4 or 5 above have any current convictions, conditional offers and or fixed penalties recorded against them within or outwith the UK. In the case of renewal application it refers only to convictions, conditional offers and or fixed penalties since the licence was last granted. | YES/NO\* |

\*If yes disclose all **current** convictions, conditional offers and or fixed penalties.

Failure to disclose all current convictions etc will result in the application being returned to the applicant.

**Section (a) Convictions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Name | Court or Country(outwith the UK) | Offence | Sentence/Penalty |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section (b) Conditional Offers and Fixed Penalties**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Name | Country (outwith the UK) | Offence | Sentence/Penalty |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Question 7**

|  |  |
| --- | --- |
| Has any person named in sections 2, 4 or 5 lived outwith the United Kingdom for a period of six months or more within the last 10 years? In the case of renewal application it applies to any person living outwith the UK for a period of six months or more since the last grant of the licence. | YES/NO\* |

\*If yes you are required to provide a Criminal Record Check/verification from the Embassy of the country you resided in. Information on how to obtain this is contained within the guidance notes.

**Question 8**

|  |  |
| --- | --- |
| (a) Has any person named in sections 2, 4, or 5 above previously held or currently holds a Market Operator Licence issued by this or any other authority? | YES/NO\* |
| (b) If yes which authority granted the licence? |  |
| (c) When was it granted? |  |
| (d) When does it expire? |  |

**Question 9**

|  |  |
| --- | --- |
| (a) Has any person named in sections 2, 4 or 5 above ever applied for and been refused a Market Operator Licence by this or any other authority? | YES/NO\* |
| (b) If yes which authority refused the licence? |  |
| (c) When was it refused |  |

**If an application for a market operator licence was refused by this authority within the last year a further application will only be accepted if there has been a material change in circumstance. This information must be provided with the application.**

**SECTION 3**

**Question 10**

Details of premises/site to be licensed.

|  |  |
| --- | --- |
| (a) Is the application for an indoor or an outdoor market? | Indoor □ Outdoor □ |
| (b) Full postal address of premises/site, including trading name of premises/site to be licensed. (Including postcode) |  |
| (c) Market contact telephone number |  |
| (d) If the application is for premises, have there been any previous alterations carried out on the property.  If yes give details including dates | YES/NO\* |
| (e) List any proposed alterations to the premises. |  |

**Question 11**

(a) Specify hours, days, and period of year when it is proposed the market will operate.

|  |  |  |
| --- | --- | --- |
| **Day** | **From** | **To** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

(b) Period of year market will operate:

**Question 12**

If the application is for premises state maximum number of persons proposed to be admitted at any one time and how this will be controlled.

**Question 13**

|  |  |
| --- | --- |
| Specify maximum number of stalls proposed to be erected in/at the premises/location site |  |

**Question 14**

Specify provisions for toilet facilities in/at the premises/location site.

**Question 15**

Specify car parking facilities available for customers.

**Question 16**

(a) Types of market stalls (Please tick)

(\*If other please specify)

|  |  |
| --- | --- |
| Stalls |  |
| Car Boot |  |
| Vehicles |  |
| Kiosks |  |
| Other\* |  |
| Number of Stalls provided |  |

**Question 17**

State nature of goods /services to be traded at the market

**Question 18**

|  |  |
| --- | --- |
| Are the premises owned by you or leased? | Owned □ Leased\* □ |
| If leased, from whom? |  |

**SECTION 4**

|  |  |
| --- | --- |
| **I confirm that I have enclosed the following relevant documents** | **Submitted** |
| (a) Criminal Record Check/ Verification from Embassy if required. This applies to all persons named on the application who have lived outwith the UK for any period of at least 6 months within the last 10 years. |  |
| (b) Photographic Identification (new applications submitted by individuals only) |  |
| (c) Proof of address. (new applications submitted by individuals only) |  |
| (d) Copy of partnership agreement if required. |  |
| (e) Location and boundary plan showing at least two named roads and surrounding buildings or the situation of the application site in relation to the locality. The application site must be clearly marked and include all of the land relating to the area to be licensed detailing layout of stalls, toilet provisions and car parking area. |  |
| (f) Written consent from owner of site/premises to operate a market (if required). |  |
| (g) Clarification that planning permission has been applied for, granted or not required. |  |
| (h) List of stall holders |  |
| (i) List of stallholders including name, addresses and detailing goods/services offered for sale for each operator. Any stallholder trading in food within the meaning of the Food Safety Act 1990 must produce a Food Hygiene Certificate. |  |
| (j) Copy of Public Liability Insurance to the value of £5million. |  |
| (k) Risk Assessment relation to the operation of the market. |  |

|  |
| --- |
| Please indicate where all correspondence should be sent to applicant/agent/manger.  Also where possible provide an e-mail address for correspondence where appropriate.  Applicant □ Employer □ Manager □  E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION 5 (Only to be completed if the application is for a 3 year licence)**

TO BE COMPLETED BY INDVIDUAL, PARTNERSHIP OR COMPANY

Complete (A) or (B) as appropriate. Where declaration (A) is made there must be produced in due course a Certificate of Compliance with Paragraph 2 of Schedule 1 to the Civic Government (Scotland) Act 1982

1. I/We declare that I/We shall for a period of 21 days commencing with the date hereof, display at or near the premises location so that it can conveniently be read by the public, a notice complying with the requirements of Paragraph 2 of Schedule 1 to the Civic Government (Scotland) Act 1982.

Or

1. I/We declare that I am/we are unable to display a notice of this application at or near the premises location because I/we have no rights of access or other rights enabling me/us to do so, but that I/we have taken the following steps to acquire the necessary rights, namely: (Here specify steps taken)

…………………………………………………………………………………………………

…………………………………………………………………………………………………

But have been unable to acquire those rights.

**SECTION 6**

**INDIVIDUAL PERSON**

I declare that the particulars given by me on this form are true and I hereby make application to Falkirk Council for the grant of a Market Operator Licence.

Date:

Signature of applicant/agent:

Agents Address (including postcode):

**COMPANY/PARTNERSHIP, (\*Insert company / partnership name)**

On behalf of \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I declare that the particulars given by me on this form are true and I hereby make application to Falkirk Council for the grant of a Market Operator Licence

Date:

Signature of person authorised to sign on behalf of company/partnership:

Address of Signatory (if not already specified in Sections 3 or 4 above)

**This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud.  It may also share this information with other bodies administering public funds solely for these purposes.**

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

Your privacy is important to us. You can find out how we deal with your personal information here <http://www.falkirk.gov.uk/privacy/law-licensing/licensing/>