



CIVIC GOVERNMENT [SCOTLAND] ACT 1982
STREET TRADER'S LICENCE
APPLICATION FOR CERTIFICATE OF COMPLIANCE

EACH QUESTION MUST BE ANSWERED, THE INFORMATION SUPPLIED WILL BE COMPUTERISED

1. To be completed if applicant is an individual [a] Full Name [block letters]	Surname	Family Name
[b] Home Address		Postcode
[c] Telephone Number		
(d)Email address		
(e) Date of birth		
[f] Give name and address of person, company or firm, employing you to act as a Street Trader, or state if self employed.		
[g] Is applicant to carry out day-to-day management of the Street Trading? If not, give full name, address and date of birth of any employee or agent so engaged.		
2. Vehicle/Trailer Reference Number	STT/ --/-	
3. To be completed if applicant is a Company or Partnership. [a] Full Name [b] Address of Principal Registered Office. [c] Full name, address and date of birth of employee or agent to carry on day-to-day management of the Street Trading. Give business hours telephone number of applicant or agent.		

4. State nature of goods/service in which it is proposed to trade.	
5. State the address of the premises at which the goods will be stored when not being offered for sale.	
6. State type and Registration Number of vehicle or describe and give dimensions of structure, kiosk, moveable stall or receptacle to be used in connection with Street Trading	
Signature of applicant	Date:

Please return this form to:

Protective Services,
Governance,
Corporate Services,
Aberdeen City Council
Business Hub 15
Third Floor South
Marischal College
Broad Street
Aberdeen AB10 1AB

E-mail: Commercial@aberdeencity.gov.uk

NOTE – when issued, the Certificate will be valid for **3 years**

FOR PAYMENT – go to [Civica Payments Portal - Welcome to Aberdeen City Council payment portal \(civicaepay.co.uk\)](http://civicaepay.co.uk)