



## Lewes District Council

### **Charitable or Public Service Application for Consent to use Lewes or Newhaven Precincts**

The Council offers the opportunity for the free use of these areas for the promotion of Public Wellbeing and Charitable giving or involvement in Public or Charitable service. This can include the incidental sales of related goods. This opportunity is subject to conditions applied in line with the Councils Policy on Street Trading.

#### **APPLICATION REQUIREMENTS**

##### **About you**

Organisation name and official address	
Charity or company number (if applicable)	
Organisation purpose	

##### **Contact for this application**

Name	
Position	
Address	
Email Address	
Telephone Numbers	

Name and contact details of person responsible for the activity applied for if different

Have you “traded” in the Lewes District before                      YES/NO  
If YES when and where

**Details of Your Application**

Describe your proposed activity; include details of any goods or services to be sold and campaigns to be promoted

Provide details of any stall/unit/vehicle to be used, include sizes and if possible supply drawings or photographs

Describe the exact location you want to use, include a plan if useful

On which dates and between what times do wish to operate

## **Special issues**

Will you:

Be selling food or drink	YES/NO
Be using a generator	YES/NO
Be using gas (LPG)	YES/NO
Have anyone with unspent convictions involved with our activity. If YES give details	

Have you:

Been refused a similar application by this or any other Local Authority before. If YES please provide details	
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Have you:

Undertaken any risk assessment for your proposed activity. If YES please include details with the application	
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Confirm details of your Public Liability Insurance

Level of cover (minimum £1million)	
Insurer Name and Address	
Date of expiry	

## **Declaration**

**Ensure you read the following carefully:**

I confirm that the contents of this application are true and correct. I understand that any information given which is subsequently found to be incorrect may result in the revocation or refusal of any consent.

I understand that the Council may utilise the information contained herein for internal purposes and may disclose the information to persons or organisations in accordance with the Council's registration under the Data Protection Act 1998.

I consent to the Council and the Police making enquiries into this application to ascertain its truthfulness.

If I am granted a Consent I agree to comply with the Council's policy, conditions, guidelines or codes of conduct which apply.

I agree to indemnify the Council against all claims, liabilities, actions, demands, and expenses whatsoever in respect of, or in any way arising out of any Consent to Trade granted to me by the Council.

<b>Signed</b>	
<b>Full name (Capitals)</b>	
<b>Organisation</b>	
<b>Date</b>	

**Application checklist**

Please ensure you have;

Fully completed the application form

Enclosed copy of Public Liability Insurance certificate

Enclosed any supporting photos or drawings

Enclosed risk assessment details

Note there is no fee for this application

**Now send your application to:**

Lewes District Council  
6 High Street  
Lewes BN7 2AD

email: [licensing@lewes-eastbourne.gov.uk](mailto:licensing@lewes-eastbourne.gov.uk)