



**CALDERDALE METROPOLITAN COUNCIL  
SECTION 3 AND SCHEDULE 4  
LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982  
APPLICATION FOR A CONSENT  
TO TRADE IN A DESIGNATED CONSENT STREET**

Consent ☐

1. Name of Applicant: .....  
Address: .....  
.....  
Telephone No: ..... Date of birth:.....
2. Business Address.....  
.....  
Telephone No: .....
3. Business details: .....  
.....  
.....  
.....
4. Proposed area and street.....
5. Proposed Date of consent .....
6. Proposed times.....
7. Please describe the nature of trade i.e. leafleting / catalogues.....  
.....

I declare that I am over 18 years of age and I certify that, to the best of my knowledge and belief, the above particulars are correct. I have read the operating conditions for street traders and agree to abide by them at all times.

Signed:.....

Dated:.....

**Please tick ✓ ☐ yes**

I have enclosed a copy of the leaflet/catalogue I wish to distribute

☐

I have made or enclosed payment of the fee

☐

**Please return to:**

**Calderdale Metropolitan Council, Licensing Unit, Town Hall, Crossley Street, Halifax, HX1 1UJ**

**Tel No: 01422 393002**

**[licensing@calderdale.gov.uk](mailto:licensing@calderdale.gov.uk)**

**[www.calderdale.gov.uk/business/licences](http://www.calderdale.gov.uk/business/licences)**