

SLIGO BOROUGH COUNCIL
APPLICATION FORM FOR A CASUAL TRADING LICENCE
Sligo Borough Council Casual Trading Act 1995 Bye-Laws 2008.

PLEASE COMPLETE IN BLOCK CAPITALS

1. Name of Applicant: _____
2. Full Postal Address: _____

3. Telephone No: _____
4. (a) P.P.S. No. _____
(In the case of an individual)
- (b) Tax Reference No. _____
(In the case of a Company)
5. If Application is in the name of a Limited Company, the Company Registration Number as supplied by the Companies Registration Office:

6. First date on which it is intended to engage in casual trading: _____
7. Description of the goods to be sold: _____

8. Trading Day _____
9. If you were a holder of a previous Casual Trading Licence please quote the following:
Licence No: _____ Expiry Date: _____

TO SLIGO BOROUGH COUNCIL:

I Declare:-

1. That I have not been convicted of two of more offences under the Casual Trading Act, 1995, within three years prior to the date on which I intend to commence casual trading.
2. That the foregoing particulars are correct and I enclose a cheque/bank draft/postal order/money order/cash for €_____ being the fee fixed under the Bye-Law by the Local Authority under the Casual Trading Act 1995.

Signature: _____ **Date:** _____

- NOTE:**
- (i) **Appropriate Fee to accompany application. Please Contact Sligo Borough Council office or Sligo Borough Council Website for details.**
 - (ii) **Evidence of public liability insurance with indemnity of €6.35 million to be submitted with application.**
 - (iii) **Two Passport size photographs must be submitted with application.**