



WARWICK DISTRICT COUNCIL
ASSISTANT / STAFF DETAILS FORM

Data protection: We will use the information supplied by you and/or obtained on your behalf for the purpose of licensing and enforcement. This information may be used internally and shared with other bodies administering public funds to prevent and detect crime and fraud and to apprehend offenders. Information held about you will not be released to other third parties unless it is shown that they are entitled to the information by law.

THIS FORM WILL BE RETURNED IF YOU HAVE NOT COMPLETED ALL OF THE QUESTIONS IN FULL

Assistant Full Name

Assistant Address :.....

.....

.....Contact Tel No.:

Date of birth: National Insurance Number.....

If selling food, what food hygiene qualification do you hold?

Declaration and Signature

Please tick
✓

I understand that this application will be considered by the Licensing Team, Warwick District Council and that if granted, I shall comply with any lawful condition under which the Street Trading Consent is granted.	<input type="checkbox"/>
I have enclosed a current passport style photograph of myself.	<input type="checkbox"/>
I have enclosed a current DBS Certificate (not more than 1 month old).	<input type="checkbox"/>

I declare that all the information given is true to the best of my knowledge. If any information is subsequently found to be untrue or incomplete, any consent granted may be suspended pending a full investigation of the matter.

Signature of applicant	Date

It is an offence to make a false declaration on this form