

**APPLICATION FORM FOR A CASUAL TRADING LICENCE
CASUAL TRADING ACT, 1995**

PLEASE COMPLETE IN BLOCK CAPITALS

1. Name of Applicant _____
2. Full Postal Address _____
3. Telephone No. _____
4. Occupation _____

5. (a) PPS No. (in the case of an individual) _____
(b) Tax Ref. No (in the case of a company) _____

6. If application is in the name of a limited Company, the Company Registration Number as supplied by the Companies Registration Office _____

7. (a) First date on which it is intended to engage in casual trading _____
(b) Please tick day/days on which you intend trading

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

8. Description of the goods to be sold _____

9. Details of type of stall proposed for your activity _____

If you were a holder of a previous Casual Trading Licence please quote the following:-

Licence No. _____ Expiry Date _____

Local Authority Concerned _____

I declare:-

That I have not been convicted of two or more offences under the Casual Trading Act, 1995, within three years prior to the date on which I intend to commence casual trading.

Signed _____ Date _____

- Note (I) Fees are payable on issue of Licence
(II) Evidence of public liability insurance with indemnity of € million to be submitted with this application

FOR OFFICIAL USE ONLY

Date _____ Amount _____

Receipt No. _____