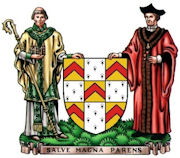
**LICHFIELD GENERAL MARKETS APPLICATION FORM**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name(s): |  | | | | Trading As: | | | | |
| Address: |  | | | | | | | | |
| Postcode: |  | | | | | | | | |
| Telephone No: |  | | | | | | | | |
| Mobile No: |  | | | | | | | | |
| Email address: |  | | | | | | | | |
| \* National Insurance No: |  | | | | | | \* Please note this must be completed in order for your application to be processed | | |
| **Casual Trading Application YES / NO** | | | | **Permanent Trading Application YES / NO** | | | | | |
| Describe fully the range of goods you wish to sell: | | | | | | | | | | |
| You must be registered with your Local Authority Environmental Health Department if you sell **ANY** consumable goods to the public. Please provide the following information:  Name of Local Authority you are registered with: ………………………………………..…………………  When was your last Food Inspection? ………………………….………………………….………………..  ***(NB: It is a requirement that you enclose a copy of your latest report and/or Food Hygiene rating)*** | | | | | | | | | | |
| Do you wish to apply to trade on the TUESDAY General Market?  Tuesday market traders must provide and erect their own stalls.  (NB: All stalls must be fit for purpose and of a good appearance).  If **YES** please give the following information: | | | | | | | | | **YES / NO** | |
| Length of stall | Depth of stall | | Size of any extra tables | | | | | | | |
| Do you wish to trade on the **FRIDAY** General Market?  **Pre-erected stalls are provided 8’ x 4’ (2.44m x 1.22m).**  If **YES** how many stalls do you require? | | | | | | | | | **YES / NO**  1 2 3 4 | |
| Do you wish to trade on the **SATURDAY** General Market?  **Pre-erected stalls are provided 8’ x 4’ (2.44m x 1.22m).**  If **YES** how many stalls do you require? | | | | | | | | | **YES / NO**  1 2 3 4 | |
| Do you require an electricity supply, charged @ £1 per day? **YES / NO**  ***(please note that connection to the electricity supply is via a round blue 16 amp plug, not a 3 pin plug)*** | | | | | | | | | | |
| Do you possess Public Liability Insurance with a minimum cover of £5,000,000? **YES / NO**  ***(NB****.* ***A copy of your policy must be enclosed with this application, you cannot trade without supplying this)*** | | | | | | | | | | |
| Insurance Co: | | Policy No: | | | | | | Expiry Date: | | |
| Please give details of other markets on which you trade: | | | | | | | | | | |
| Please give other information in support of your application: | | | | | | | | | | |
| Signed: | | | | | | Date: | | | | |
| **APPLICANT STATEMENT:** By signing this form I agree to comply with the rules and conditions of Lichfield Markets and to obtain relevant public liability insurance.  PLEASE RETURN THIS COMPLETED FORM TO:  **The Markets’ Officer, Lichfield City Council, Donegal House, Bore Street, Lichfield, Staffs WS13 6LU** | | | | | | | | | | |
| We will be holding your details on file and where necessary reserve the right to disclose these to Environmental Health & Trading Standards or other statutory agencies.  If you agree to your details being passed to additional interested parties, e.g. other markets please tick this box | | | | | | | | | | |



Council Name: Lichfield City Council

Council Address: Donegal House, Bore St, Lichfield WS13 6LU

Email Address: enquiries@lichfield.gov.uk

Telephone numbers: 01543 250011

**General Data Protection Regulations (Service) Consent**

**to hold Contact Information**

I agree that I have read and understand Lichfield City Council’s Privacy Notice. I agree by signing below that the Council may process my personal information for providing information and corresponding with me.

I agree that Lichfield City Council can keep my contact information data for an undisclosed time or until I request its removal.

I have the right to request modification on the information that you keep on record.

I have the right to withdraw my consent and request that my details are removed from your database.

|  |  |
| --- | --- |
| Name |  |
| Date of birth if under 18 |  |
| Parental/Guardian Consent for any data processing activity |  |
| Address |  |
| Telephone No. |  |
| Email Address |  |
| Facebook |  |
| Twitter |  |
| Signature |  |
| Date |  |