**LICHFIELD GENERAL MARKETS APPLICATION FORM**

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| 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  |  |