

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:		
<p>You must be registered with your Local Authority Environmental Health Department if you sell <u>ANY</u> consumable goods to the public. Please provide the following information:</p> <p>Name of Local Authority you are registered with:</p> <p>When was your last Food Inspection?</p> <p style="background-color: yellow;">(NB: It is a requirement that you enclose a copy of your latest report and/or Food Hygiene rating)</p>		
<p>Do you wish to apply to trade on the TUESDAY General Market? YES / NO</p> <p>Tuesday market traders must provide and erect their own stalls.</p> <p>(NB: All stalls must be fit for purpose and of a good appearance).</p> <p>If <u>YES</u> please give the following information:</p>		
Length of stall	Depth of stall	Size of any extra tables
<p>Do you wish to trade on the FRIDAY General Market? YES / NO</p> <p>Pre-erected stalls are provided 8' x 4' (2.44m x 1.22m).</p> <p>If <u>YES</u> how many stalls do you require? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p>		
<p>Do you wish to trade on the SATURDAY General Market? YES / NO</p> <p>Pre-erected stalls are provided 8' x 4' (2.44m x 1.22m).</p> <p>If <u>YES</u> how many stalls do you require? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p>		
<p>Do you require an electricity supply, charged @ £1 per day? YES / NO</p> <p style="background-color: yellow;">(please note that connection to the electricity supply is via a <u>round blue 16 amp plug</u>, not a 3 pin plug)</p>		
<p>Do you possess Public Liability Insurance with a minimum cover of £5,000,000? YES / NO</p> <p style="background-color: yellow;">(NB. A copy of your policy must be enclosed with this application, you cannot trade without supplying this)</p>		
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:
<p>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.</p> <p>PLEASE RETURN THIS COMPLETED FORM TO:</p> <p>The Markets' Officer, Lichfield City Council, Donegal House, Bore Street, Lichfield, Staffs WS13 6LU</p> <p>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.</p> <p>If you do not agree to your details being passed to additional interested parties, e.g. other markets, please tick this box <input type="checkbox"/></p>		