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**Approved Farmers’ & Craft Market Stallholder Application**

This form is for exclusive use by market managers, Trading Standards and Environmental Health officers. Please make a copy for your own records.

**Name of Market Applied for**...........................................................................................................

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**Your Name**.......................................................................................................................................

**Company Structure** (circle) Sole Trader, Partnership, Limited Company

**Business Name**.................................................................................................................................

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| **Business Address**...............................................................................................................................................................................................................................Postcode............................................................Telephone.........................................................Website.............................................................Email................................................................. | **Home Address** (if different)..................................................................................................................................................................................................................................................................................................................................................................................Postcode...........................................................Telephone......................................................... |

Acreage (if applicable)......................................... Holding No..........................................................

**Please indicate the core product you sell**

**...............................................................................................................................................**

**Products**: Please list **all the products** that you intend to sell at this Market. You will only be permitted to sell produce listed below, and may be asked to remove any undeclared items. If you change your trade or develop new lines, you must fill out a new application form.

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**Please circle the months in which you are able to sell your produce or products.**

All year Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

**Will you be attending, in person, at all the markets to sell your produce? (please tick)**

Yes No

If no, please state who else will regularly be at the markets and their position in the company. Name (s)............................................................................................................................................

Position (s)........................................................................................................................................

**Are you a member of any assurance or certification scheme (e.g Organic, LEAF), please tick**

Yes - please include a copy of your certification document with this application No

Please give the name of the insurance company that provides your Public, Product and Employee Liability Insurance, the policy number and expiry date

Insurance company name: ...............................................................................................................

Policy Number:................................................................ Expiry date:.............................................

**Trading Standards and Environmental Health**

**Has your production premises been visited by EHO and TSO? If so, when?**..................................

**Have you had a ‘score on the door’ score? If so, what is it?**...........................................................

**APPLICANT STATEMENT** (please tick to acknowledge)

 I agree to sell only the items that I have produced, grown or raised myself.

 I agree to sell only the items that I have detailed above.

 One of the persons named above will be present at my stall.

I understand that my details will be passed to Environmental Health and Trading Standards.

 I agree to assist in any inspections and /or visits required to verify the above statements.

My insurance is current and I will supply a copy of the policy if asked.

I agree to uphold the rules of the market and to ensure that my representatives do likewise.

I, the undersigned, declare that the information provided is correct;

Signed..................................................................... Print Name.......................................................

Position................................................................... Date.................................................................

Any stallholder who falsifies information on this form will be suspended from trading.

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| **Enclosures** Copies of certificates for assurance schemes (e.g Organic, FABBAL etc) Copy of Food Hygiene Certificate for food processors Copy of insurance policy |

**Please return to**: Charlotte Toplass, Centre Management Office, Britannia House, Marshall’s Yard, Beaumont Street, Gainsborough, North Lincolnshire, DN21 2NA.

Telephone: 01427 810706 Email: charlotte.toplass@marshallsyard.co.uk