**LOUGHBOROUGH TOWN HALL AND MARKETS**

**APPLICATION FORM SUNDAY 20TH DECEMBER**

**CHRISTMAS 2020**



|  |  |  |  |
| --- | --- | --- | --- |
| SURNAME: |  | | |
| FORENAME(S): |  | | |
| PREFIX (i.e. Mr, Mrs, Ms, Mx, Mre) |  | | |
| FULL ADDRESS:  (inc. postcode) |  | | |
| CONTACT TELEPHONE NUMBER: |  | | |
| EMAIL ADDRESS: |  | | |
| DATE OF BIRTH: |  | | NI No.: |
| EMERGENCY CONTACT DETAILS: |  | | |
| NAME OF BUSINESS: |  | | |
| GOODS TO BE SOLD: |  | | |
| NAME OF OWNER (if different) |  | | |
| ADDRESS OF BUSINESS:  (Inc. postcode) (if different) |  | | |
| DO YOU HAVE A WEBSITE? |  | | |
| DO YOU HAVE ANY SOCIAL MEDIA CHANNELS? |  | | |
| VEHICLE MAKE/MODEL:  (Please note no parking on site, please use local car parking facilities) |  | REGISTRATION NO.: | |
| HOW MANY GAZEBOS DO YOU REQUIRE WITH X2 6FT TABLES INSIDE? |  | | |
| HOW MANY 10FT STALLS DO YOU REQUIRE WITH BUILT IN TABLE AND CANOPY? |  | | |
| **DO YOU REQUIRE ELECTRICITY? (We provide a maximum of 240v/16a or 110v/16a) = to a maximum of 32amp.**  How many items of equipment do you plan to use? (Please list below?)  (Please note that there is a limited supply) | | | |
| **PLEASE ATTACH 3 PHOTOS OF YOUR ARTWORK/GOODS/PREVIOUS STALLS WITH YOUR APPLICATION AND SEND THEM TO** [**SOCK@CHARNWOOD.GOV.UK**](mailto:SOCK@CHARNWOOD.GOV.UK)  **ALL STALLHOLDERS MUST HAVE PUBLIC LIABILITY INSURANCE FOR UPTO £5,000,000.**  **PAYMENT FOR YOUR STALL MUST BE PAID IN ADVANCE BY 15 /12/2020. PAYMENT IS BY INVOICE.**  **No refunds will be given unless the markets are cancelled by Charnwood Borough Council.** | | | |

**Please Note: Payment for stalls will be by invoice only and must be paid by 15/12/2020 to attend. Unfortunately we cannot offer refunds once your booking has been completed, unless we cancel the markets for any reason.**

***By marking the box below, we hereby agree to the T&C’s of the Market Regulations and the COVID-19 T&Cs, copies provided. We also confirm that we have the relevant Public Liability Insurance in place (min £5m).***

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| --- | --- | --- |
| **PLEASE MARK AN ‘X’ IN THE BOX TO AGREE TO THE ABOVE** |  | **DATE:** |

**Local Authority Registration** **(FOR FOOD TRADERS ONLY)**

**Please complete the form below. Please note, food traders must be registered with a Local Authority prior to trading.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NAME OF LOCAL AUTHORITY YOU ARE REGISTERED WITH: | |  | | | | |
| FOOD HYGIENE RATING SCHEME SCORE, FHRS: |  | (Minimum 3) | | DATE AWARDED: | |  |
| FOOD HYGIENE CERTIFICATE (tick) |  | NAME ON CERTIFICATE: | | |  | |
| ENVIRONMENTAL HEALTH OFFICER  CHECKED AND GIVEN CLEARANCE: | Signed: (BLOCK CAPS) | | Signature: | | | Date: |

**Data Protection**

For information about how and why we may process your personal data, your data protection rights or how to contact our Data Protection Officer,

please view our **Privacy Notice**