

SOUTHPORT FARMERS MARKET APPLICATION FORM

Name: _____ (print name)
Address: _____

Postcode: _____ Telephone No: _____
E-mail Address: _____
(if accessed)

Goods to be sold _____
(Only goods listed here may be sold at the market)

STALL REQUIREMENTS:

Stall with one table.
Additional tables. Quantity @ £2 _____
Walk in stall (no table)
Is a Generator being used? Yes No

ALL TRADERS MUST HAVE PUBLIC LIABILITY INSURANCE AND COMPLETE THIS SECTION

Public Liability Insurance details:	Company: _____
	Policy Number Expiry Date

PAYMENT:

Market Date	No. Stalls Required	No. Tables Required.		Total.
	@ £25	@ £2		

N.B.
Payment **MUST** be received 4 weeks before the market day.
NO stall will be booked unless payment is sent.

Please ensure that this application form together with cheque payment is returned to be in our possession 4 weeks prior to the above market date. Please make cheques payable to: "SEFTON MBC"

The scale of charges is reviewed at various intervals. The fee payable will be in accordance with the scale in force at the time of the event. Advance indication will be given of any increase made to the levied charge.

I have read and fully understand the Southport Farmers Market Booking Terms and Conditions outlined overleaf and agree to be bound by all such conditions. I certify that the information given on this form is true and complete and I have included a copy of my own Public Liability Insurance Cover for the market date booked above.

Signature: Date:

Please return this form to:

Sefton MBC
Civic Buildings Section
Magdalen House
Trinity Road
Bootle, L20 3NJ