

Application for:
Shoreham Farmers' Market
Shoreham Artisans' Market
Lancing Village Market



Are you applying for <i>please tick or put an X in the box(es) as applicable</i>		
<input type="checkbox"/>	Shoreham Farmers' Market	<input type="checkbox"/>
<input type="checkbox"/>	Shoreham Artisans' Market	<input type="checkbox"/>
<input type="checkbox"/>	Lancing Village Market	

Your details:	
Business name	
Producers' name	
Address	
	Postcode
Phone Number	
Alternative phone number	
E-mail Address	

Details of product ranges you intend to sell

Provide name of all local suppliers and ingredients and attach most recent receipts

When produce is available <i>please tick or put an X in the box(es) as applicable</i>
<input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec

Are your premises registered with your local Environmental Health Department?
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide</i>
name of Council
date of last EHO inspection

Are you a registered Organic Food producer?
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please enclose copy of certification</i>

Are you selling Alcohol?
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please enclose copy of Licence</i>

Are you selling Game?
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please enclose copy of Game Dealers' licence (if appropriate)</i>

Please note: Stallholders/producers must have Public Liability Insurance cover (min. £5million) and where applicable, Product and Employee cover to attend. Copy certificates must be enclosed	
Name of Insurer	
Policy Number	
Date of Expiry	

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Declaration

By submitting this application I/we agree to the following:

- I/we confirm the information supplied by us is correct.
- I/we have read and fully agree to the Criteria and General Conditions for the Markets.
- I/we declare that the information provided is correct.

Name of Business Producer		
Address		
		Postcode
Signed		
Name		
Position		
Date		

Please return this form by email to:

markets@adur-worthing.gov.uk

or post to:

Markets
Place and Investment Team
Adur & Worthing Councils
Portland House
44 Richmond Road
Worthing, BN11 1HS

Please ensure you have included the following:
please tick or put an X in the box(es) as applicable (adding others if included)

	Current Public and Product Liability insurance certificate
	Environmental Health inspection report
	Ingredients receipts (if required)
	Evidence of Organic certification or registration with other certification bodies
	Copies of any Licences