Fox Valley Market Application



This form is for exclusive use by market managers, trading standards, and environmental health officers. Please make a copy for your own records. Please tick which ☐ Weekly Friday £20 Market(s) you are ☐ Monthly Saturday £25 applying for: (first Sat of every month) £25 ☐ Monthly Sunday (first Sun of every month) Full Name: Stall/Business Name: **Business Address:** Home Address (if different): Postcode: Postcode: Telephone: Email: Website: Social Media: 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 (this is to avoid duplication).

Willy	ou be attending at all the markets to sell your produce?
Yes If no ,	\square No \square please state who else will be regularly at the markets and their position in the company
Nam	e(s)
	on(s)
Are y	ou a member of any assurance or certification scheme (e.g. Organic, LEAF) – please tick
Yes No	
	e give the name of the insurance company that provides your Public, Product, and Employee ity Insurance, the policy number and expiry date
Insur	ance Company Name:
Polic	Number: Expiry Date:
	ou had a 'score on the door' score? If so, what is it? Int Statement (please tick to acknowledge):
Tick	
	I will agree to give at least 48 hours' notice if I am not able to make a market.
	I understand that this is an outdoor market, therefore my stock and produce is exposed to the elements and is displayed at my own risk. Therefore, any damage caused by weather conditions is <u>not</u> the responsibility of Fox Valley.
	I understand that the Fox Valley gazebos are unable to operate in wind speeds over 30mph, therefore, should these unsafe conditions arise, market managers have the discretion to cancel the market at any time.
	I agree to sell only 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 insuran	ce is current and I will supply a copy of the policy if asked.	
	I agree to u	phold the rules of the market and ensure that my representatives do likewise.	
Pitch Ty	<u>rpe</u>		
Please t	ick which st	all / pitch you require:	
Tick		Pitch Type	
	Fox Valle	ey 3m x 3m gazebo	
	Own 3m	x 3m gazebo	
	Own trailer / vehicle / unit Please state size of unit including space for generator		
		(M)	
Trader I	Parking Parking		
vehicle(s) registration	ired to park in the trader car park once their stall is set up. Please provide on plate to receive free parking. Please be advised, failure to inform us of your r will result in a PCN being issued which we are unable to cancel:	
		narket needs to be made in advance, this can be paid either by <u>cheque</u> , <u>cash</u> or st be made out to Stocksbridge Regeneration Company Ltd.	
<u>Docur</u>	ment Enclo	sures:	
	Copies of	f certificates for assurance schemes (e.g. Organic, LEAF etc)	
	Copy of F	ood Hygiene Certificate (if applicable)	
	Copy of P	Public Liability Insurance Policy – Mandatory for all traders	
	_	declare that the information provided is correct:	
Signed:		Print Name:	
Position	n:	Date:	
Please :	return to:		
	eld House falley Way oridge Id	: 07780 117767 Email: claire.biltcliffe@foxvalleysheffield.co.uk	