

1 Farnham Rd Guildford, Surrey GU2 4RG Phone: 01483 277640

E-Mail: info@saundersmarkets.co.uk Web: www.saundersmarkets.co.uk

General Trader Application

	Applicant Information
Full Name:	Date:
Address:	
Phone:	Email:
Market/s:	
Commodity:	
Pitch size:	
Day/s:	
Public Liabilit	y Insurance Provider/Number:
Please can you working at the	provide information of an EMERGENCY CONTACT/S that you wish to be informed should you be taken ill whilst market.
Name:	
Phone:	
	Additional Information
photocopy) with Photocopy Photocopy	ou can provide the below documentation. Please be sure to send a copy of each document back to us (via email/post/h your completed application form. A Market pitch cannot be offered without the following: tographic I.D (passport/driving licence) of of Address (driving licence/utility bill) dic Liability Insurance
	Disclaimer and Signature
Market Rules	e information provided is true and complete to the best of my knowledge. I confirm that I have read and agree with the und Regulations and will adhere to the new Covid-19 Guidelines. If this application leads to a market stall, I understand in Market Rules and Covid-19 Guidance can result in my pitch being terminated and my deposit (if any) being forfeited. Date:
	ontact details being passed onto customers who enquire about my product or service via the Head Office or across any of lia platforms – Facebook, Twitter or Instagram. Please supply all forms of contact details for your business. set is optional.
Signature:	Date:
Phone:	Email:
Facebook:	Twitter: Instagram:

I do not agree to my contact details being passed onto customers (please tick)