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Food Trader Application

Applicant Information		
Full Name:	Applicant fine	Date:
Address:		
Phone:	Email:	
Market/s:		
Day/s:		
Food sold:		
Pitch size:		
Do you need u	se of electricity? (Note: we do not supply electricity at all m	arkets)
Name of Regis	tered Council:	
Public Liabili	y Insurance Provider/Number:	
Please can you market. Name:	provide information of an Emergency Contact/s that you	wish to be informed should you be taken ill whilst working at the
Phone:		
	Additional Info	ormation
your completes Pho Pro Add Pul Pro Foo Foo Poo Poo Poo Poo Poo Poo Poo Po	ou can provide the below documentation. Please be sure to application form. A Market pitch cannot be offered withoutographic I.D (passport/driving licence) of of Address (driving licence/utility bill) lress of Registered Business (if different from above) olic Liability Insurance of of Registration with (your) Local Council d Hygiene Certificate d Hygiene Rating (if applicable) T Testing and Gas Safety (if applicable) ailed Menu of the food you wish to sell tograph of your stall set up (Not applicable if a Start-Up	
	Disclaimer and	Signature
Rules and Reg	formation provided is true and complete to the best of my kaulations and will adhere to the new Covid-19 Guidelines. Let Rules and Covid-19 Guidance can result in my pitch bei	nowledge. I confirm that I have read and agree with the Market if this application leads to a market stall, I understand that any ng terminated and my deposit (if any) being forfeited. Date:
Print Name:		
	lia platforms – Facebook, Twitter or Instagram. Please su	bout my product or service via the Head Office or across any of pply all forms of contact details for your business.
Signature:		Date:
Phone:	Email:	
Facebook:	Twitter:	Instagram:

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