 

# HEDNESFORD FARMERS & CRAFT MARKET 2021

# APPLICATION FORM

Hednesford Farmers & Craft Market is a new initiative by Hednesford Town Council and our brand Visit Hednesford.

The market will be open to the public from 10am until 3pm on the last Saturday of every month and will run along Market Street, Hednesford, Staffordshire, **WS12 1AD**.

Stall set-up will be from 7.30am am onwards and must be complete by 9.30am.

Traders are advised to enter Market Street in their vehicle, drop-off their table / gazebo / goods and leave Market Street to park, this will enable the next vehicle to gain access to the road. Please note that Market Street is a one-way street.

There is free parking available in two car parks along Anglesey Street, a few minutes walk from Market Street. WS12 1BX.

Traders must bring their own gazebo and table and must be able to complete set-up / close down without assistance. Staff will be available to assist with traffic management.

Pitches cannot be reserved and are on a first come first served basis. We will do our best to accommodate specific requests but these cannot be guaranteed.

**A fee of £10.00 plus VAT applies to all stallholders.**

Market dates in 2021 will be as follows:

* Saturday 27th March
* Saturday 24th April
* Saturday 29th May
* Saturday 26th June
* Saturday 31st July
* Saturday 28th August
* Saturday 25th September
* Saturday 30th October
* Saturday 27th November
* Saturday 11th December

For further information please email Michelle.baker@hednesford-tc.gov.uk or send a message to the Visit Hednesford Facebook page.

**APPLICATION FOR A MARKET STALL**

**TRADER FORM FOR**

**HEDNESFORD FARMERS AND CRAFT MARKET**

**PLEASE NOTE: PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS USING BLACK/BLUE INK. PLEASE ENSURE ALL SECTIONS ARE COMPLETED IN FULL.**

**The information you provide is confidential and subject to the requirements of the Data Protection Act 2018 and the General Data Protection Regulations. This personal data will be held and processed by Hednesford Town Council for the purposes of identification, ensuring appropriate insurance is in place, right to work and the general management of Hednesford markets.**

**The personal details you provide may also be shared with statutory bodies requiring such disclosure.**

**WHICH MONTH WOULD YOU LIKE TO START TRADING ON THE MARKET**

**…………………………………………………………….…………………………….……………………….**

**HOW MANY MONTHS WOULD YOU LIKE TO TRADE FOR IN 2021 - PLEASE LIST**

**…………………………………………………………….…………………………….………………………**

**NAME OF YOUR BUSINESS / TRADING NAME**

**…………………………………………………………….…………………………….………………………**

**PRODUCT TYPE / DECRIPTION**

**…………………………………………………………….…………………………….………………………**

**EXACT NAME ON BUSINESS SOCIAL MEDIA PAGE I.E. FACEBOOK (SO WE CAN PROMOTE)**

**…………………………………………………………….…………………………….………………………**

**TITLE (Mr/Miss/Mrs/Ms/Other) ……………………………**

**SURNAME: …………………………………………………………….…………………………….………………………**

**FIRST NAME …………………………………………………………….…………………………….………………………**

**DATE OF BIRTH (DD/MM/YYYY) ….……/…......../...........**

**ADDRESS ……………………………………………………….……………………………….……………………..……**

**POST CODE: ………………………………………………**

**MOBILE TELEPHONE NO ……………………………………………………..**

**EMAIL ADDRESSS…………………………………………………………………………**

**DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED KINGDOM? YES NO**

**DO YOU HAVE ANY DISABILITY REQUIREMENTS? YES NO**

**IF YES, PLEASE PROVIDE FURTHER INFORMATION: …………………………………………………………….…………………………….………………………**

**IN SIGNING THIS FORM YOU ARE GIVING EXPLICIT CONSENT FOR THE SPECIFIED PURPOSE OF THIS DOCUMENT BEING USED FOR MANAGING INFORMATION WHICH IS NECESSARY TO PROCESS YOUR PERSONAL DATA.**

**SIGNATURE OF TRADER: ……………………………………...……………**

**DATE: ……………………………….…………..**

**MARKET OFFICER SIGNATURE: …………………………………………..**

**DATE: ……………………………….…………..**

**MARKETS RULES AND REGULATIONS (2006) FOR THE OPERATION OF THE RETAIL MARKETS ISSUED**

**ALL BUSINESSES**

**PUBLIC LIABILITY INSURANCE START DATE: ……………………………………………………………………………………………………………………**

**PUBLIC LIABILITY POLICY NUMBER/INSURER: ……………………………………………………………………………………………………………………**

**CATERING BUSINESSES ONLY**

**EVIDENCE OF REGISTRATION WITH THE AUTHORITY’S ENVIRONMENTAL HEALTH YES NO**

**DOCUMENTS CHECK**

**SIGNATURE: ..…………………………………………**

**OFFICER NAME (PLEASE PRINT): ………………………………….**

**DATE: ..…………………………………………**