Common Cause Cooperative,

The Old Coach House,

Castle Ditch Lane, Lewes

BN7 1YJ.

07555 902677

lewesfarmersmarket@gmail.co.uk

www.commoncause.org.uk

**APPLICATION FORM 2019**

|  |  |
| --- | --- |
| **Your details:** | |
| Business name |  |
| Producers’ name |  |
| Address |  |
| Phone Number |  |
| Mobile Number |  |
| National Insurance Number |  |
| Email |  |
| Website |  |

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| **Details of product ranges you intend to sell** |
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| **Please tell us about the ingredients that you use, please name all of the ingredients and suppliers. If they are not local please tell us what is the % of the final product. Use an additional sheet if necessary.** |
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| **Are your premises registered with your local Environmental Health Department?** | | | | |
| Yes |  | No |  | *If yes, please provide* |
| Name of Council | | | |  |
| Date of last EHO inspection | | | |  |
| Food Hygiene rating | | | |  |
| Date of last level 2 food training | | | |  |

You should operate a food safety management system such as the Food Standards Agency Safer Food Better Business. If we visit your premises you will be required to have this available.

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| **Are you a member of any assurance certification scheme?** | | | | |
| Yes |  | No |  | *If yes, please enclose copy of certification* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you selling Alcohol?** | | | | |
| Yes |  | No |  | *If yes, please enclose copy of Licence* |

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| **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 |  |

**Please supply a copy of your Risk Assessment Document**

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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 Guidelines for the Lewes Farmers Market. * I/we will only sell products listed here and as agreed with the Market Manager. * I/we declare that I have read & understood the Weather Policy. * I will inform Common Cause of any changes in products for sale, my production methods or sourcing practice * I/we will keep my Product & Public Liability up to date. * I/we understand & agree to the Common Cause 48 hour cancellation fee so that if I do not give written due notice of non-attendance I will be liable for the pitch fee. | |
| Business Name |  |
| Signed |  |
| Name |  |
| Position |  |
| Date |  |

**Please return this form by email to:**

**lewesfarmersmarket@gmail.com**

**or post to:**

**Lewes Farmers Market,**

**Common Cause Co-operative,**

**The Old Coach House, Castle Ditch Lane,**

**Lewes, East Sussex**

**BN7 1YJ**

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| **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 Score |
|  | Food Hygiene Training Certificate |
|  | Organic certification or registration with other certification bodies |
|  | Copies of any Licences |
|  | Gas Safety Certificate |
|  | PAT test documentation |
|  | Risk Assessment |
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| **STALL:** | | | | |
| **2019 Lewes Farmers Markets you wish to attend** | | | | |
| January | 5th |  | 19th |  |
| February | 2nd |  | 16th |  |
| March | 2nd |  | 16th |  |
| April | 6th |  | 20th |  |
| May | 4th |  | 18th |  |
| June | 1st |  | 15th |  |
| July | 7th |  | 20st |  |
| August | 3rd |  | 17th |  |
| September | 7th |  | 21st |  |
| October | 5th |  | 19th |  |
| November | 2nd |  | 16th |  |
| December | 7th |  | 21st |  |

**Contact details of the person who will be running your stall**

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| **Name:** |
| **Mobile Number:** |
| **Email:** |