Common Cause Cooperative

111 High Street Lewes

BN7 1XY

lewesfarmersmarket@gmail.com

www.commoncause.org.uk

**APPLICATION FORM 2024**

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| **Your details:** | | | |
| Business name |  | | |
| Producers’ Full Name |  | | |
| Business Address |  | | |
| Work Phone Number |  | | |
| Mobile Number |  | | |
| National Insurance Number |  | | |
| Email |  | | |
| Website |  | | |
| Social Media Platform Handles |  | | |
| Pitch size (2 or 3 meters) |  | | |
| Check box: Every week: |  | Once a month: |  |

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| **2024 STALL DATES ATTENDING (tick below) for 2024:** | | | | |
| January | 6th |  | 20th |  |
| February | 3rd |  | 17th |  |
| March | 2nd |  | 16th |  |
| April | 6th |  | 20th |  |
| May | 4th |  | 18th |  |
| June | 1st |  | 15th |  |
| July | 6th |  | 20th |  |
| **2024 STALL DATES ATTENDING continued:** | | | | |
| August | 3rd |  | 17th |  |
| September | 7th |  | 21st |  |
| October | 5th |  | 19th |  |
| November | 2nd |  | 16th |  |
| December | 7th |  | 21st |  |

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| **List all the produce/products you intend to sell.**  **Include a brief summary of every item where necessary, as some may already be sold by other stallholders and we strive to avoid selling the same items between stallholder.** |
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| **Please list your suppliers and/or ingredients used.**  **If ingredients are not local, please tell us what the % of non-local products goes into the final product. Use an additional sheet if necessary to list all ingredients used.** |
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| **Are your premises registered with your local Environmental Health Department?** | | | | |
| Yes |  | No |  | *If yes, please provide following information.* |
| 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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| **Do you have any criminal convictions? If yes, please provide more information below.** | | | | |
| Yes |  | No |  |  |

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| **Are you selling Alcohol?** | | | | |
| Yes |  | No |  | *If yes, you will be required to provide your own TENS license for each market you attend. Where there are multiple alcohol sellers attending the same date, only one TENS licence is required between stallholders.* |

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| **Public Liability Insurance information. Please note:***Stallholders/producers must have Public Liability Insurance cover (min. £5million) and where applicable, Product and Employee cover to attend. Copy of certificates must be enclosed with this application.* | |
| Name of Insurer |  |
| Policy Number |  |
| Date of Expiry |  |

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| **Declaration** | | | |
| **By submitting this application you will be agreeing to the following:** | | | |
| * I confirm the information supplied by us is correct. | | **Y:** | **N:** |
| * I have read and fully agree to the Producer Criteria and Market Regulations document (sent separately) for the Lewes Farmers Market. | | **Y:** | **N:** |
| * I will only sell products listed here and as agreed with the Market Manager. I seek to inform and get approval from the Market Manager of any changes in suppliers or sold goods before making any changes at the market. | | **Y:** | **N:** |
| * I declare that I have read & understood the Weather Policy contained within the Producer Criteria and Market Regulations document. | | **Y:** | **N:** |
| I will keep my Product & Public Liability up to date and upon renewal will send a copy to the Market Manager. | | **Y:** | **N:** |
| 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. | | **Y:** | **N:** |
| If my application is approved, I will supply a copy of a Risk Assessment Document based specifically on my stall goods and set up. | | **Y:** | **N:** |
|  | | | |
| **Business Name** |  | | |
| **Signed** |  | | |
| **Name** |  | | |
| **Position** |  | | |
| **Date** |  | | |

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

**lewesfarmersmarket@gmail.com**

**or post to:**

**Lewes Farmers Market,**

**111 High Street,**

**Lewes, East Sussex**

**BN7 1XY**

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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) if you have included them in your application.* | |
|  | 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 and Method Statements |
|  | Allergen Lists |

**Contact details of the person who will be running your stall if different from already provided.**

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| **Full Name:** |
| **Mobile Number:** |
| **Email:** |
| **Vehicle Registration Number (for parking):** |