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| **Stall Application Form**  **2017** | LEWES FARMERS MARKET Common Cause Cooperative,  The Hive, 66 High St, Lewes BN7 1XG.  07555 902677  Email: [lewesfarmersmarket@gmail.co.uk](mailto:lewesfarmersmarket@gmail.co.uk)  www.commoncause.org.uk |

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| **Your details:** | | |
| Business name |  | |
| Producers’ name |  | |
| Address |  | |
|  | |
|  | Postcode |
| Phone Number |  | |
| Alternative phone number |  | |
| E-mail Address |  | |
| 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 | | | |  |

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

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| **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 |  |

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|  | **Markets you wish to attend** *please tick or put an X in the box(es) as applicable* | | | | | | | | | | | | | | | | | | | | | | |
| 7th Jan |  | 4th Feb |  | 4th Mar |  | 1st Apr |  | 6th May |  | 3rd Jun |  | 1st Jul |  | 5th Aug |  | 2nd Sep |  | 7th Oct |  | 4th Nov |  | 2nd Dec |  |
| 21st Jan |  | 18th Feb |  | 18th Mar |  | 15th Apr |  | 20th May |  | 17th Jun |  | 15th Jul |  | 19th Aug |  | 16th Sep |  | 21st Oct |  | 18th Nov |  | 16th Dec |  |

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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 Conditions 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 Wind 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 Hive, 66 High Street**

**Lewes, East Sussex**

**BN7 1XG**

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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 inspection report |
|  | Evidence of Organic certification or registration with other certification bodies |
|  | Copies of any Licences |
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