

Hedge End Town Council, 2000 Centre, St Johns Rd, Hedge End, Southampton Hampshire SO30 4AF
 Web: www.hedgeend-tc.gov.uk | Tel: 01489 780440 | Email: townclerk@hedgeend-tc.gov.uk

**APPLICATION FOR STALLAGE RIGHTS
 REGISTRATION TO TRADE AT HEDGE END CHRISTMAS MARKET**

Hedge End Town Council are committed to your privacy. We will use the information on this form for the purposes of your application to run a market stall on the Hedge End Christmas Market, and in order to let you know about future market dates and other related events. For further information, please refer to our full Privacy Notice: <https://www.hedgeend-tc.gov.uk/contact-us/legal-notice/>

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes. <https://www.hedgeend-tc.gov.uk/the-council/policies/>

Please return this application form to: market@hedgeend-tc.gov.uk

SECTION 1: ABOUT YOU AND/OR YOUR BUSINESS

| | |
|---|--|
| Your name/business name: | |
| Your date of birth: | |
| Your/business postal address: | |
| Your/business postcode: | |
| Your/business telephone number(s): | |
| Your/business email address: | |
| Your/company vehicle registration number: | |
| Company Number/Charity Registration Number (if applicable): | |
| Website/Social Media: | |

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| SECTION 2: ABOUT YOUR STALL | |
|---|--|
| Description of business: <i>(Please include details of commodities sold, etc)</i> | |
| Description of Stall: <i>(Please include details of signs, tables, electric, etc.)</i> | |
| SECTION 3: ABOUT YOUR INSURANCE | |
| public liability insurance is required to trade on this market | |
| Insurer: | |
| Policy Number: | |
| Renewal Date: | |
| SECTION 4: ABOUT YOUR HEALTH AND SAFETY CERTIFICATES | |
| <i>(Please attach copies of supporting documentation e.g. Certificates, proof of registration letters, etc if applicable)</i> | |
| Registered/ inspecting authority & date of last inspection: | |
| Gas Safe certificate details & date of last inspection: | |
| Electrical PAT certificate details & date of last inspection: | |
| Food Hygiene Rating certificate details & date of last inspection | |

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SECTION 5: YOUR COMMITMENT

By signing this application, the Stallholder acknowledges that he has read the Terms and Conditions and agrees to be bound by them. The Stallholder understands that this document together with the Terms and Conditions form a binding Agreement.

Signed:

Dated:

Name and Address:

Documents required:

1: Proof of insurance: You must provide ONE document from the list below to provide documentary evidence of your public liability insurance and indicate which one you will be submitting

2. Food business: please submit proof of registration (if applicable)

3. Electrics: please submit a copy of your PAT testing and electrical safety (if applicable)

4. Gas: if you are using gas, please submit a valid gas safe certificate (if applicable)