

APPENDIX 7

Burgess Hill Town Council
96 Church Walk
Burgess Hill
RH15 9AS
www.burgesshill.gov.uk
Market@burgesshill.gov.uk
01444 247726

APPLICATION FORM

Your details:	
Business name	
Producers' name	
Address	
Phone Number	
Mobile Number	
National Insurance Number	
Email	
Website	

Details of product ranges you intend to sell

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		<i>If yes, please provide</i>
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.

Are you a member of any assurance certification scheme?

Yes		No		<i>If yes, please enclose copy of certification</i>
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Are you selling Alcohol?

Yes		No		<i>If yes, please enclose copy of Licence</i>
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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

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 Burgess Hill Market.
- I/we will only sell products listed here and as agreed with the Town Clerk or his representative.
- I/we declare that I have read & understood the Weather Policy.
- I will inform the Town Clerk or his representative 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 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 ensure you have included the following:

please tick or put an X in the box(es) as applicable (adding others if included)

<input type="checkbox"/>	Current Public and Product Liability insurance certificate
<input type="checkbox"/>	Environmental Health Score
<input type="checkbox"/>	Food Hygiene Training Certificate
<input type="checkbox"/>	Organic certification or registration with other certification bodies
<input type="checkbox"/>	Copies of any Licences
<input type="checkbox"/>	Gas Safety Certificate
<input type="checkbox"/>	PAT test documentation
<input type="checkbox"/>	Risk Assessment
<input type="checkbox"/>	

Contact details of the person running the stall

Name:
Mobile Number:
Email: