



Watford Market Office
Watford, WD17 1BJ

Phone: 07769 219443

Email: calvin.poon@marketassetmanagement.com

Food Trader Application

Applicant Information

Full Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Are you enquiring about a Unit (Indoor Market) or a Market Stall (High Street)

Start Date: _____

Day/s: *(if trading on the High Street)* _____

Food sold: _____

Pitch size: *(if trading on the High Street)* _____

Do you require use of electricity? _____

Name of Registered Council: *(where you are registered as a Food Business)* _____

Public Liability Insurance: *Provider:* _____ *Policy No:* _____ *End Date:* _____

Please can you provide information of an **Emergency Contact/s** that you wish to be informed should you be taken ill whilst working at the market.

Name: _____

Phone: _____

Additional Information

Please ensure you can provide the below documentation. Please be sure to send a copy of each document back to us (via email/post) with your completed application form. A Market pitch **cannot** be offered without the following:

- **Photographic I.D** (passport/driving licence)
- **Proof of Address** (driving licence/utility bill)
- **Public Liability Insurance** (policy schedule inc. policy end date)
- **Proof of Registration with your Local Council as a Food Business**
- **Food Hygiene Rating** (if applicable)
- **Food Hygiene Training Certificate** (Level 2 or above)
- **PAT Testing and Gas Safety** (if applicable)
- **Detailed Menu of the food you wish to sell**
- **Images of your stall set up** (as it would be on the market)

Disclaimer and Signature

I certify that information provided is true and complete to the best of my knowledge. I confirm that I have read and agree with the **Market Rules and Regulations**. If this application leads to a market stall, I understand that any breach in Market Rules and Regulations can result in my pitch being terminated and my deposit (if any) being forfeited.

Signature: _____ Date: _____

Print Name: _____

I agree to my contact details being passed onto customers who enquire about my product or service via the Head Office or across any of our Social Media platforms – Facebook, Twitter or Instagram. Please supply all forms of contact details for your business.

NB. This request is optional.

Signature: _____ Date: _____

Phone: _____ Email: _____

Facebook: _____ Twitter: _____ Instagram: _____

I **do not** agree to my contact details being passed onto customers (please tick)