



IPSWICH
BOROUGH COUNCIL



Ipswich Market Trader Application Form

Personal Details

Trading / Business Name:

Contact Name:

Address:

Postcode:

Telephone Number:

Mobile Number:

Email:

Date of Birth:

National Insurance No:

Insurance Details (please provide a copy of your insurance documents with this application)

Company Name:

Policy Number:

Policy Holder Name:

Value Insured to:

Policy Start Date

Policy Expiry Date:

Goods (please provide a description of goods to be sold)

Registrations Details (Traders selling food only)	
Details of Local Authority where your business is registered:	Name: Address:
Details of where any food is stored or prepared:	Address:
Electric	
Do you require Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Please tell what electrical equipment you will be using:	
Trading Days	
Please indicate which day/s you wish to trade (Please tick)	
Tuesday <input type="checkbox"/>	Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/>
Method of Payment (Please note: no cash payments can be accepted)	
Debit / credit Card <input type="checkbox"/> Direct Debit <input type="checkbox"/>	

I hereby certify that the information I have provide is correct. I hereby accept the terms and conditions contained in the Ipswich Market Regulations which has been given to me.

Signed:

Date:

Return to:

Enterprise Team, Ipswich Borough Council, Corn Exchange, King Street, Ipswich, Suffolk, IP1 1DH

This authority is under a duty to protect the public funds it administers, and to this end may use the information that you have provided 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. Further information about this can be found at www.ipswich.gov.uk/privacy

Date application received:

Copy of Public Liability received Yes/No

Food Rating Level:

Processed: Yes / No

Pitch No:

Signed: