

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:
Social Media Information: (Facebook / Instagram)	
Insurance Details (please provide a copy of your insurance documents with this application)	
Company Name:	Policy Number:
Policy Holder Name:	Policy Start & End Date:
Goods (please provide a description of goods to be sold)	

Registrations Details (Traders selling food only). Please provide copy of Food Hygiene Rating (minimum 4 stars)

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 No
Please tell what electrical equipment you will be using:

Trading Days

Please indicate which day/s you wish to trade (Please tick)

Tuesday Thursday Friday Saturday

Method of Payment (Please note: no cash payments can be accepted)

Debit / credit Card Direct Debit (Permanent trading only)

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

Office use only

Date application received:

Copy of Public Liability received Yes/No

Food Rating Level:

Processed: Yes / No

Pitch No:

Signed: