



Celyn Farmers Market Stallholder Application Form

Your Name

Business Name

Business address Postcode..... Tel. No. Website..... Email.....
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Home Address if applicable Postcode..... Tel. No.
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Acreage (if applicable)..... Holding No.....

Please put an 'X' next to the box(es) that best describes your core business:

- | | |
|---|---|
| <input type="checkbox"/> FRUIT | <input type="checkbox"/> HOT/COLD FOOD TO TAKE AWAY |
| <input type="checkbox"/> VEGETABLES | <input type="checkbox"/> HONEY PRODUCTS |
| <input type="checkbox"/> CHEESE AND DAIRY PRODUCE | <input type="checkbox"/> PRESERVES |
| <input type="checkbox"/> EGGS | <input type="checkbox"/> DRINKS |
| <input type="checkbox"/> RAW MEAT AND MEAT PRODUCTS | <input type="checkbox"/> PLANTS/FLOWERS |
| <input type="checkbox"/> BREAD/PASTRIES/BAKED GOODS | <input type="checkbox"/> CONFECTIONARY/SWEETS |
| <input type="checkbox"/> CRAFTS (Please Specify)..... | |
| <input type="checkbox"/> OTHER (Please Specify)..... | |

Please describe if you are a primary producer (e.g. farm) or a secondary producer (one using local and/or responsibly sourced ingredients)

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Please list all the products that you intend to sell at the Celyn Farmers Market. You will only be permitted to sell the produce listed below. If you change your trade or develop new lines, you must fill out a new application form. You may be asked to remove any undeclared items:

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I would like to attend the following markets (you can attend one or more). You will be provided with a shop front of approximately 6ft with limited space behind the stall for stock. You will need to bring your own table.

Mold 1st Saturday.... Yes / No

Mold 3rd Saturday.... Yes / No

Grosvenor (2nd Friday).... Yes / No

Annual attendance:

If you cannot all year please state the months you wish to attend, otherwise just state "all year".

Will you yourself be attending the markets to sell your produce?

Yes No

If no, please state who else will regularly attend the market behalf of your business. To qualify to sell at the Celyn Farmers Market, produce must be sold by the producer, a family member or by a member of staff directly involved in the production of goods on sale:

Name..... Position.....

Name..... Position.....

Name..... Position.....

Are you a member of any assurance or certification scheme (e.g. Soil Association, LEAF, FAWL etc)? If you are please supply a copy of your certification document before, or at your first market.

Yes No

Please give the name of your **insurance company** that provides your Public and Product Liability insurance, the policy number and expiry date

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Applicant Statement

Please put an X to acknowledge

- I agree to sell only items that I have produced, grown or raised
- Only the persons named above will be present at my stall
- I understand that my details will be passed on to Environmental Health and Trading Standards officers
- I understand that Trading Standards and Environmental Health officers will notify the Market Manager of any issues which may affect my ability to attend the market
- I agree to assist in any inspections required to verify the above statements
- My insurance is current and I will supply a copy of the policy if asked**

Signed..... **Date**.....

Thank You

Any Stallholder who falsifies information on this form may be suspended from trading

Information required before you can trade (may be shown at first market):

- Copies of certificates for assurance schemes (e.g. Organic Trading Schedule, FAWL etc)
- Copy of Basic Food Hygiene Certificate, or Local Authority registration for food processors
- Copy of insurance certificate

Please Email this form to info@celynfarmersmarket.co.uk