

## **TRADER REGISTRATION FORM FOR FRODSHAM MARKETS**

### **Registration Information**

The information provided in this section relates to the person submitting the registration.

Date: \_\_\_\_\_

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Title:            Mr    Mrs    Miss    Ms    Other (*please state*) \_\_\_\_\_

Former name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

### **Business Information**

This section of the registration form should provide information relating to the organisation that will be operating at the market, if different from the above:

Organisation name: \_\_\_\_\_

Type of organisation: \_sole trader / partnership / LLP / limited company /  
other: \_\_\_\_\_

Type of goods/services: \_\_\_\_\_  
\_\_\_\_\_

### **Trader Frequency**

This section considers the location and frequency of trading.

Regular Trader (same location at the weekly market, pays for every week)

Casual Trader (allocated location on the day by Market Manager, pays for the day)

Organisation address, if different from above:

Registered address:

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone number:

\_\_\_\_\_

Email address:

\_\_\_\_\_

Website address:

\_\_\_\_\_

**Next of kin / emergency contact**

This information helps us in the event it is necessary to contact your next of kin.

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Relationship to trader: \_\_\_\_\_

**Insurance**

Please provide a copy of your insurance provision and the following details (to show a minimum of £5 million public liability insurance).

Insurance provider: \_\_\_\_\_

Policy ref / number: \_\_\_\_\_

Valid from: \_\_\_\_\_ Valid to: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Date of signing: \_\_\_\_\_