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| --- | --- |
| Full Name |  |
| Date of Birth |  |
| National  Insurance Number |  |
| Home Address |  |
|  |  |
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|  |  |
| --- | --- |
| Business Address |  |
| (if different from above) |  |
|  |  |
|  |  |
| Telephone Numbers |  |
| Email Address |  |
| Trading Name |  |
| VAT Number |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you subject to any legal restrictions in respect of your employment in the UK? |  | Yes |  | No |

Please confirm which days you would like to trade and the date you wish to commence trading.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Tuesday |  | Wednesday | |  | Thursday |  | Friday |  | Saturday | |
| Desired  Commencement Date | | | | |  | | | | | | |
| Social Media Address | | | | |  | | | | | | |

|  |  |
| --- | --- |
| Nature of goods to be sold/ business model (please be as specific as possible) |  |
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To support this application Peterborough City Council requires you to provide your Public Liability Insurance, together with a current council tax/utility bill as proof of residency.

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| --- | --- | --- | --- | --- |
| Are you operating your business(es) as a limited company? |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you operating your business(es) as a wholesaler? |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever been declared bankrupt? |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you any convictions (actual or pending) for dishonesty in |  |  |  |  |
| connection with the operations of your business(es) |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you any convictions (actual or pending) for any form |  |  |  |  |
| of violence? |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you any County Court Judgements made against |  |  |  |  |
| you in the last five years? |  | Yes |  | No |

I declare that the information on this form is correct and complete. I will notify Peterborough City Council of any changes. I agree to abide by all the rules made by Peterborough City Council for trading on their markets and understand that, if not, then the licence to trade may be withdrawn.

|  |  |
| --- | --- |
| Signed |  |
| Date |  |
| Markets Manager |  |
| Date |  |

Please return the completed form to: Market Management Team, Peterborough City Council, Peterborough City Market, Northminster, Peterborough, PE1 1AY.

The personal information that you provide on this form will be handled by Peterborough City Council in accordance with the Data Protection act 1998. We do not pass on your details to any third party unless you give us permission or the Council is legally obliged to do so.

Please be aware that once applications have been approved all traders at the City market are required to provide details of a value and current Public Liability Insurance police to the market office before trading can commence.