



The Markets Team
St Mary's Market
St Mary's Arcade
St Helens
Merseyside
WA10 1AR

Contact The Markets Team
Tel: 01744 677 155
Email:
themarketsteam@sthelens.gov.uk
Our ref:
Your ref:

Application to trade at St Helens Markets

Earlestown Retail Market

**Market Officer
Signature**

Name of Licensee: Surname -----

Forenames -----

Date of Birth -----

Address: -----

Post Code: -----

Telephone No: -----

National Insurance No: ---/---/ ---/---/ ---/---/ ---/---/ ---/

Email: -----

Public Liability Ins No: -----

Expiry Date: / /

Insurance Provider: -----

Photographic ID: -----

(Passport / Driving licence)

Utility Bill: -----

(Within last 3 Months)

Commodities requesting to be sold:

.....
.....

Do you, as applicant, have the right to work in the United Kingdom: **Yes / No**
N.B.

The Authority reserves the right to remove commodities not acceptable on the Market.

Failure to complete this form in full will invalidate your application to become a casual trader on this Market.

All commodities will be judged in relation to their compliance with the New Retail theme of the market. This decision is made at the discretion of the Markets Manager.

The Council are required under section 6 of the Audit Commission Act 1998 to Participate in the National Fraud Initiative (NFI) data matching exercise
The Council advise applicants that the data held by the authority in respect of Your application will be used for cross-system and cross-authority comparison Purposes for the prevention and detection of fraud

I agree to abide by the Rules, Terms and Conditions governing the Attendance & Allocations procedures on the Market as displayed on the Trader Notice Board.

I give permission to St Helens Council Markets Team to photograph myself and/or my commodities to be utilised on promotional material

Signature:

Date:/...../.....

For Office use only:

Approved by: -----

Date: / /

Date Terminated: -----

Market officer Signature -----

Reason of Termination: -----