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# WORKSOP PRIDE MARKET/PROMOTION APPLICATION FORM

**SATURDAY 13TH JULY 2024. OLD MARKET SQUARE. S80 2AH. 12PM – 6PM.**

PLEASE RETURN TO: [WORKSOPPIRDE@HOTMAIL.COM](mailto:WORKSOPPIRDE@HOTMAIL.COM)

OR SEND TO WORKSOP PRIDE, 27 Coniston Road, Worksop. Notts. S81 7PP

N.B: Preference will be given to traders selling themed items and food.

Full Name: (including middle names) ……………………………………………………………………………………………….

Name of company or organisation: ……………………………………………………………………………………………………

Address: …………………………………………………………………………………………………………………………………………….

Postcode ……………………………………………….

Telephone …………………………………………………………………………. Mobile ……………………………………………………………………….….

Email ……………………………………………………………………………………………. Website ……………………………………………………………….

Emergency Contact number ……………………………………………………………………… Date of birth ………………………………………….

**Name (print)** ………………………………. **Signed ………………………………………………. Date ………………………….**

**PROVIDE A FULL DESCRIPTION OF THE ITEMS YOU WILL HAVE ON YOUR STALL.**

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## MARKET STALLS: Premium £80 - Standard £60.

## Premium Charity or non for profit £55 – Standard Charity or Non for profit £35.

Premium Catering £100 – Standard Catering £80

## Total to pay…………………………….

## NOTE TO STALL HOLDERS: An Allocated 3m x 3m space will be reserved for you.

## We have a DROFF OFF option only for stock and equipment. ALL VEHICLES MUST BE REMOVED FROM THE AREA BY 11.45AM. Gates open for stall holders from 10am.

**ALL BOOKINGS BY PREPAYMENT AND CONFIRMATION ONLY.**

### Payments to be made to Co-Operative Bank: Sort Code: 089299 Account: 65851333 or PayPal

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**Public liability Insurance**  **( You will NOT be able to stand without this.)**

I submit a copy of my current public liability insurance.

Insurance Provider

|  |
| --- |
| ……………………………………………………………………………………………. |

Policy Number & Expiry Date

|  |
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| ……………………………………………………………………………………………. |

### Supporting Information

Photo Identity & Proof of address **(THIS MAY BE TAKEN ON THE DAY)**

Passport UK Driving Licence Valid Photo Identity Card

Less than 3 months old.

Utility Bill Bank/Building Society P45/P60 Addressed Other…………….

**Alcohol is not permitted to be sold!**

For Worksop Pride use only: Checked By

Name (print) ……………………… signed…………………………………………. date ………………………….

Position ………………………………………………………………….

Worksop Pride Receipt number …………………………………………………………

The personal information you have supplied on this form will be used by Worksop Pride and may be shared with, the Police bodies for the purpose of recovery of debt, prevention or detection of fraud or the detection or crime as permitted under the Data Protection Act 1998.