

**Application to Trade at a Somerset Farmer’s Market**

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| **Name** | | |  |  |  |  |  |  |  |  |  |  |  |  | **Surname** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Company Name** | | | | | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Address** | | | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Tel (work)** | | | | |  |  |  |  |  |  |  |  |  |  | |  | **Tel (home)** | | | | |  |  |  |  |  |  |  |  |  |  |  |
| **Mobile** | | |  |  |  |  |  |  |  |  |  |  |  | **Mobile 2** | | | | |  |  |  |  |  |  |  |  |  |  |  |  | | |
| **Email (this is the preferred method of contact over post)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Will you personally be attending the market to sell your produce? YES/NO**  If no, please state who will be regularly attending the market(s). Produce should only be sold by the Primary Producer, a close family member or an employee closely involved in the production of goods on sale.  Name(s):  Position in company: | |
| **Business description/philosophy/GMO free etc:** | |
| **Details of any assurance schemes you belong to and membership number**: (Soil Association etc.)  **Legal requirements** (where applicable)  Local council (EHO) approved: **YES/NO**  Electrical appliance certificate test date:  Trading Standards approved: **YES/NO**  Hygiene Certificate Number:  Additional legal requirements relevant to your product (please specify): | |
| **Is your product seasonal? If yes which months will you be able to attend markets?** | |
| **Liability insurance:** (please send a photo copy to the office or email to jo@somersetfarmersmarkets.co.uk)  Cover **MUST** be provided up to £5million  **Public liability insurance company name:**  **Policy number: Renewal date: DD/MM/YYYY Amount:**  **Product liability insurance company name:**  **Policy number: Renewal date: DD/MM/YYYY Amount:** | |
| **Other farmers’ markets attended:** | |
| **Business and farm details:**  Number of employees:  Number of acres:  Holding number: | |
| **Your products: Please list the products you want to offer with times/seasons when available** (please  use extra sheet if necessary) All items must comply with the Market Regulations. You will only be permitted to sell the items listed below and may be asked to remove any undeclared or unauthorised items at the discretion of the Board. | |
| Product: | When available: |
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| **Please list any ingredients you buy in and their source:** | |

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| **Markets you are interested in attending:**  (please tick all which apply) | https://nexnet.files.wordpress.com/2013/02/kliponious-black-tick.png |
| Axbridge (1st Saturday) |  |
| Burnham-on-Sea (last Friday) |  |
| Crewkerne (3rd Saturday) |  |
| Frome ‘Cheese & Grain’ (2nd Saturday) |  |
| Glastonbury (4th Saturday) |  |
| Keynsham (2nd Saturday) |  |
| Midsomer Norton (1st Saturday) |  |
| SFM @ Frome Independent (1st Sunday) |  |
| Wells (every Wednesday) |  |

**Thank you for your time in completing this form. If there is any more information, including**

**photos, that you can provide please attach.**

Each producer agrees to defend, hold harmless and indemnify SOMERSET FARMERS’ MARKETS LTD from and against any and all claims, loss, damage, injury, costs, charges, liability or exposure arising from the PRODUCER’S participation in the MARKET.

**I/WE HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE CRITERIA AND MARKET REGULATIONS. I/WE AM/ARE AWARE OF MY OWN LIABILITY WHEN PARTICIPATING IN THE MARKET.**

**Signed: Date:**

(an electronic return of this form will be taken as consent to the conditions given above)

**I agree that SFM sponsors may make contact regarding their services available:**

YES/NO

**Somerset Farmers’ Markets**

**c/o ‘Our Offices’ 4, Yeowood Farm, Iwood Lane,**

**Wrington BS40 5NU**

**01934 837285**

info@somersetfarmersmarkets.co.uk

www.somersetfarmersmarkets.co.uk

Twitter: @SFMMarkets

Facebook @SomersetFarmersMarkets

Company registration number 3840707