

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

Contact: Markets Team Tel: 01744 677155

Email:

themarketsteam@sthelens.gov.uk

Our ref: Your ref:

## **Application to trade at St Helens Markets**

St Mary's Indoor M	<u>larket</u>		-	Market Of Signatu	
Name of Licensee:	Surname		-		
	Forenames				
	Date of Birth				
Address:					
Post Code:					
Telephone No:					
National Insurance	• No:/	////			
Email:					
Public Liability Ins	No:		Expiry Da	ate: /	1
Insurance Provide	r:				
Photographic ID: -		(P	assport / [	riving lice	nce)

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 th Market.
All commodities will be judged in relation to their compliance with the Trader's licence. 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 was 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 m commodities to be utilised on promotional material
Signature://
For Office use only:
Approved by: Date: / /
Date Terminated: Market officer Signature
Reason of Termination:
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