



**Topsham Community Association Ltd.  
Saturday Market**

**STALLHOLDER REGISTRATION FORM**

Name \_\_\_\_\_

Trading Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address \_\_\_\_\_

Telephone contact \_\_\_\_\_ Mobile \_\_\_\_\_

I would like to reserve \_\_\_\_\_ table(s) for the Saturday Market

Frequency of attendance:- Weekly  Fortnightly  Casual   
(Payment is made on the day of attendance)

Starting date: \_\_\_\_\_ Type of stock \_\_\_\_\_

I will need electricity for my stall/display for the purpose of \_\_\_\_\_

If you are selling food, are you registered with a local authority? Yes  No

If Yes, what is your Food Hygiene Rating score?

I confirm I have my own public liability insurance:

Insurer Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiry Date \_\_\_\_\_

I do not have my own insurance

(An application form is available for insurance from Combined Market Traders Insurance Association, currently £40 per annum.)

If my application is successful I agree to be bound by the Topsham Community Association Ltd. Saturday Market Hiring Terms and Conditions receipt of which is hereby acknowledged.

Signed.....Date.....