

Morpeth and District Chamber of Trade  
**STALLHOLDER APPLICATION**

Non Food Stalls: - £6 per foot.

Food Stalls:- £13 per foot

10% discount for first time Morpeth based business\*\*

25% discount for Morpeth and District Chamber of Trade (MDCT) members \*\*

**Early payment discount of £1 per foot if payment is received before 1<sup>st</sup> March 2016**

*\*Before completing this form, please read the stallholder term and conditions\**

APPLICANT INFORMATION

Your Name:

Business Name:

Address:

Postcode:

Tel:

Mob:

Email:

PUBLIC LIABILITY INSURANCE INFORMATION

**Please note: PLI is mandatory for all stalls and a copy must be submitted with the application form.**

Insurance Company:

Indemnity Limit:

Policy Number:

Renewal Date:

HEALTH AND SAFETY METHOD STATEMENT

**Please provide a statement explaining how you will ensure the Health and Safety of people accessing your stall/activity/products**

CHARITY INFORMATION

**Please note: A copy of charity registration documents must be submitted with the application form.**

Name of Charity:

Registered Charity Number:

LEVEL 2 FOOD HYGIENE CERTIFICATE

**Please note: A copy of your certificate must be provide for all food stalls with the application form.**

Awarding Body:

Award Expiry Date:

STALL INFORMATION

Stall Dimensions (in feet)

**Please note: dimensions must include tow bars, generators, gas bottles and any other equipment to be used as part of your stall space.**

Length:

Width:

Describe fully the nature of your stall and its purpose:

Covered Stall:

Yes

No

Open Stall:

Yes

No

Trailer:

Yes

No

Van:

Yes

No

Exhib.Rig:

Yes

No

Food Stall:

Yes

No

Generator:

Yes

No

Compressor:

Yes

No

Gas Bottle:

Yes

No

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|   |                |                |
|---|----------------|----------------|
| PA/Music  | Yes            | No             |
| <b>Payment</b>  | <b>Method:</b> | <b>Amount:</b> |
| <b>Receipt of this form does not mean automatic acceptance. You will be notified if your application is successful.</b> |                |                |
| Your Signature:   | Date           |                |