



Best In Dorset Farmers Markets
189 Uplands Road
West Moors
Dorset
BH22 0EZ
Tel: 01202 237989
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Email: info@bestindorsetfarmersmarkets.co.uk

Farmers Market Application Questionnaire

Please fill in all sections that are appropriate

Name of Applicant/Representative:.....

Business Information

Trading/Company Name Requiring A Market Stall:.....

.....

Business Trading Address:.....

.....

.....

.....

Postcode:.....

If Ltd Company Registration Number:.....

Business Telephone Number:.....

Business Fax Number:.....

E-mail Address:.....

Web Address:.....

Twitter Hash Tag:.....

Facebook Name:.....

Number of Years Trading:.....

If Partnership or Ltd Company Please List Partners/Directors:.....

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Food Producers

Which Environmental Health Authority/ies Are You Registered With:

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.....

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Persons Holding Food Hygiene Certificates:

Name:.....Certificate Number:.....Level:.....

Name:.....Certificate Number:.....Level:.....

Name:.....Certificate Number:.....Level:.....

Name:.....Certificate Number:.....Level:.....

Name:.....Certificate Number:.....Level:.....

Have Food Preparation/Manufacture Premises Been Inspected & Approved By The Environmental Health Authority:

Yes:.....Date:.....Rating:.....No, reason:.....

Are You Approved To Sell:

Direct To Public:.....Via Third Parties:.....

Do You Hold An Alcohol Licence: Yes/No If Yes Which Authority:.....

.....

Expiry Date:.....

If You Process Another's Product Do You Comply With The Requirements Of The Producers Statement:

Yes/No If No Explain:.....

Non Food Producers

Do Your Goods Conform To All Required Standards For Sale In UK:

Yes, Standards That Apply Are:.....

.....

Do You Offer A Guarantee On Your Goods, If So Please Detail:.....
.....
.....
.....

All Applicants:

What Products Do You Wish To Sell At Market (Please List All Use Separate Sheet If Needed):

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.....
.....
.....
.....
.....
.....

Farm or Small Holding:.....

Farm Holding Number:.....

Do You Hold Public Liability Insurance: Yes/No Value:.....

With Whom:..... Expiry:...../...../.....

Do You Hold Product Liability Insurance: Yes/No Value:.....

With Whom:..... Expiry:...../...../.....

Do You Hold Employers Liability Insurance: Yes/No Value:.....

With Whom:..... Expiry:...../...../.....

What Quality Assurance Schemes Do You Conform To:

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.....
.....

Do You Sell Via Other Outlets:

Own Farm Shop: Yes/No

Own Retail Outlets: Yes/No

Third Party Retail Outlets: Yes/No

Internet sales: Yes/No

Farmers Markets: Yes/No

Statement Of Facts:

I the undersigned affirm that the above information is to the very best of my knowledge true and factually correct.

I understand that Best In Dorset Farmers Markets may require further information to substantiate the above statements.

I agree that Best In Dorset Farmers Markets may carry out enquiries to check and validate the information I have provided.

I have read the Best In Dorset Famers Markets Stall Holders Manual and I agree that I and my company are bound by the rules therein.

Signed:..... Date:...../...../.....

Name:.....

Position:.....