| HAVERFORDWEST FARMERS MARKET - LICENCE APPLICATION FORM PLEASE COMPLETE ALL QUESTIONS IN FULL                              |                        |                      |          |          |                |         |
|--|------------------------|----------------------|----------|----------|----------------|---------|
| Business/Organisation Name:  | AGE GOIM EETE AE       | L QUEUTIONO III I    |          |          |                |         |
| Contact Name:  |                        |                      |          |          |                |         |
| Contact Name.  |                        |                      |          |          |                |         |
| Business Address:  |                        |                      |          |          |                |         |
| business Address.  |                        | De                   | ostcode: |          |                |         |
| Business Details:  |                        | F                    | osicoue. |          |                |         |
| Tel:   | Mc                     | bbile:               |          |          |                |         |
| Email:   |                        | Twitter:             |          |          |                |         |
| Instagram:   |                        | Website:             |          |          |                |         |
| PLEASE LIST ALL PRODUCE THAT YOU INTEND TO SELL AT THE MARKET  |                        |                      |          |          |                |         |
| PLEASE LIST ALL PRODUCE THAT   | TOO INTEND TO SELL P   | TITL WARKET          |          |          |                |         |
|  |                        |                      |          |          |                |         |
|  |                        |                      |          |          |                |         |
| BRIEFLY DESCRIBE YOUR BUSINESS/ORGANISATION  |                        |                      |          |          |                |         |
| DRIEFET DESCRIBE TOOK DOSINESS/ OKGANISATION   |                        |                      |          |          |                |         |
|  |                        |                      |          |          |                |         |
|  |                        |                      |          |          |                |         |
|  | Dlooco tick √o         | c appropriato:       |          |          |                |         |
| Please tick ✓ as appropriate:  Will you be selling your own produce, or an employee involved in production  Self  Employee |                        |                      |          |          |                |         |
| Will you require an electrical power supply  |                        |                      | YES      |          | NO             | <b></b> |
| If applicable, do you have employee liability  |                        |                      | YES      |          | NO             |         |
| IF YOU ARE SELLING A HIGH-RISK PRODUCT WITH REGARD TO FOOD SAFETY, PLEASE DESCRIB  |                        |                      |          |          |                |         |
| WASHING FACILITIES YOU WILL PROVIDE AT YOUR STALL  |                        |                      |          |          |                |         |
| WASHING FACILITIES TOO WILL FROUDL AT TOOK STALL   |                        |                      |          |          |                |         |
|  |                        |                      |          |          |                |         |
| IF YOUR PRODUCE REQUIRES CHILLING, WHAT EQUIPMENT WILL YOU BE USING TO ACHIEVE THIS  |                        |                      |          |          |                |         |
| II TOOK PRODUCE REQUIRES CHIELING, WHAT EQUIPMENT WILE TOO BE USING TO ACHIEVE THIS  |                        |                      |          |          |                |         |
|  |                        |                      |          |          |                |         |
| *PLEASE ENSURE ALL BOXES BELOW ARE FILLED OUT AND ALL RELEVANT DOCUMENTATION ENCLOSED                                      |                        |                      |          |          |                |         |
| * Please declare your food hygiene rating score, or provide proof of being broadly compliant                               |                        |                      |          |          |                |         |
| at the last inspection by your local environmental health officer  |                        |                      |          |          |                |         |
|  |                        |                      |          |          | ✓ or mark as N | N/A     |
| *Proof of Public and Product Liab  | ility is enclosed      |                      |          |          |                |         |
| *Proof of Employee Liability Insurance is enclosed (if applicable)   |                        |                      |          |          |                |         |
| *Copies of any certified scheme certificates are enclosed (if applicable)  |                        |                      |          |          |                |         |
| *Proof of being broadly compliant at last Environmental Health visit is enclosed (if applicable)                           |                        |                      |          |          |                |         |
| The market organisers are responsible for screening potential vendors for the suitability to                               |                        |                      |          |          |                |         |
| attend the farmers market. If an applicant is not successful they will be notified promptly                                |                        |                      |          |          |                |         |
| The market organisers have the right to suspend any producer if they are found not to be                                   |                        |                      |          |          |                |         |
| complying with the conditions of the farmers markets   |                        |                      |          |          |                |         |
| Complaints against vendors wi  | II be investigated and | resolved according t | o the di | scretion | of the         |         |
| market organisers.  Lagran to comply with the conditions of the Haverfordwest Farmers Market and guarantee                 |                        |                      |          |          |                |         |
| Lagran to comply with the  | conditions of the U    | avorfordwoot Farm    | ore Mar  | kat an   | d guaranto     | ^       |

I agree to comply with the conditions of the Haverfordwest Farmers Market, and guarantee that all products sold on my stall are produced at my business, or by members of my group organisation.

I certify that, to the best of my knowledge, the information provided within this document is correct, and I will assist in any inspections which may occur by agents of the Market.

SIGNED: DATE: