

**Steying Farmers Market**  
**Application and Information Update Form 2021**

<b><u>STALLHOLDER DETAILS</u></b>	
Name of Stallholder:	
Stallholder Company (if any):	
Full Postal Address:	Post Code
<b><u>CONTACT NUMBERS and SOCIAL MEDIA</u></b>	
Telephone No:	
Mobile No:	
Email address:	
Website:	
Facebook:	
Instagram:	
<b><u>PRIMARY PRODUCE (e.g. meat, fish, vegetables, plants)</u></b>	
Type of Produce:	
Where reared/caught/grown:	
<b><u>SECONDARY PRODUCTS (i.e. processed goods such as bread, cakes, preserves, etc)</u></b>	
Type of Goods:	
Where produced:	
Percentage of local ingredients: (i.e. grown within 40 miles) – give info	
Would you be interested in selling in the online shop too?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b><u>MONTHS OF TRADING</u></b>	
Please state the months in which you would wish to trade at this market:	
Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/>	
<b><u>INSURANCE DATA</u></b>	
Public, Product & Employers Liability Insurance (Minimum cover of £5m for each category) - please send copy	
Insurance Company:	
Policy No:	
Expiry date:	
<b><u>HEALTH &amp; HYGIENE DATA (Food Producers only)</u></b>	
Details of current Food Hygiene certificate(s):	
<b><u>OTHER INFORMATION</u></b>	
How many 2.5metre pitches would you require?	
Would you need an electricity supply?	
Would you agree to pay by Standing Order?	
Who would operate you stall AND would he/she have detailed knowledge of your production methods?	

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)

# Steyning Farmers Market Declaration

***I/we confirm the information supplied by us is correct and we have read and agree to abide by the Criteria and General Conditions for Steyning Farmers Market.***

***\*Please retain the copy of Criteria and General Conditions for your own information***

Name of Producer/Business:	
Full Postal Address:	
	Postcode:
Signed:	
Print Name:	
Position:	Date:

Please return these forms to:

Louise Crush  
39 Chester Avenue  
Lancing  
West Sussex  
BN15 8PG  
steyningfarmersmarket@gmail.com  
Contact Telephone: 07905 405454

**Steyning Farmers Market is organised  
under the umbrella of  
Steyning & District Business Chamber**