BROADMEAD MARKET

APPLICATION FOR A MARKET PITCH (MERCHANT STREET NORTH)

| Personal detail | <u>ls</u> |
|---|--|
| Last Name: | |
| First Name: | |
| National Insurar | nce Number: |
| Trading (busine | ss) Name: |
| | |
| | Telephone No: |
| E-Mail Address: | Mobile No: |
| Note: You will b | pe required to produce proof of your identity and address. |
| Public liability | <u>insurance</u> |
| Do you hold cur Yes: | rent Public liability insurance: No: |
| Name of Insure | r: |
| Policy / Certifica | ate Number: Expiry Date: |
| becoming a me | e required to have third party Public Liability Insurance. Such cover is available by ember of the National Market Traders' Federation or by seeking a quotation from a rance broker. There is a 14-day grace period in which to produce details of insurance. |
| PLEASE READ | 9 - Important Information |
| process for a s your business relevant inform Please note tha intended tradir | In you provide us with below and overleaf will be used to assist in the selection stall at Broadmead Market, therefore we ask you to tell us as much as possible about and your products. Please feel free to use additional sheets of paper and attach any nation to this application form. Each section must be completed as fully as possible. at a lack of information may be detrimental to your application. A photograph of your ng unit / stall will assist greatly in the decision-making process for allocating the admead Market. |
| made, source | de a detailed description of what you would like to sell, including information about where it is ed and how it is produced. Please enclose images of the products that you would like to sell. |
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|---|-------------------------|---------------------|--------------------|-------------------------|------|
| About you and your b | | | | | |
| 2) Please tell us about a | any previous retail exp | erience you have | had | | |
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| 3) Please enclose a cop | y of your business pla | n. If you do not h | ave a formalised b | ousiness plan, then ple | ease |
| | d hope to achieve duri | ng your first twelv | e months, includin | ng any goals you wish | to |
| outline what you would | | | | | ıo |
| outline what you would achieve. This may be | | arate sheet of pap | er where necessa | ry. | 10 |
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| 4) Advertising and promotion are key to the success of any business, please detail any ideas you have for the promotion of your business at Broadmead Market. |
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| 5) Does your business have a website or social media? |
| If yes, please provide the address |
| Additional information |
| Please feel free to use this space to provide us with any additional information about your business |
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| |
| Signed: Date: |

Please return to:

E-mail - markets@bristol.gov.uk

Address;

Markets Office, St Nicholas Market, Corn Street, Bristol, BS1 1JQ.