



Olney Town Council

The Olney Centre, High Street, Olney, Bucks MK46 4EF
T: 01234 711679 E: deputy@olneytowncouncil.gov.uk

Farmers Market Application Form

Business Name: _____

Your Name(s) _____

Home Address: _____

_____ Post Code _____

Business Address: _____

_____ Post Code _____

Telephone numbers: _____

Email: _____

In accordance with the General Data Protection Regulations (GDPR) Olney Town Council are collecting this data to enable us to manage your booking. We will only use it for that purpose and will not pass your information on to third parties. We will only hold the information for as long as it is necessary.

Please tick the **ONE** box that best describes your core business.

- | | |
|--|--|
| <input type="checkbox"/> Fruit | <input type="checkbox"/> Hot / Cold Food to take away. |
| <input type="checkbox"/> Vegetables | <input type="checkbox"/> Honey /Bees wax Products |
| <input type="checkbox"/> Cheese and Dairy Produce | <input type="checkbox"/> Jams / Chutneys /Preserves |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Drinks. |
| <input type="checkbox"/> Raw Meat and Meat Products | <input type="checkbox"/> Plants / Flowers. |
| <input type="checkbox"/> Bread / Pastries / Baked Products | <input type="checkbox"/> Other |

If **other**, please describe: _____

Please detail **ALL PRODUCE** that you would like to sell at the farmers' Market.

Please note that if your range of produce is very broad, it may **not** be possible to allow you to bring everything that you detail below, you will be notified of the items that conflicts with another producer and will not be permitted to sell. This will assist us in managing a fair balance of trade. Should you wish to change your trade or develop new lines you will be required to complete a new application form.

If your product is seasonal, please advise the months in which you will not be available to trade:

If you will not be attending the Markets to sell your produce in person, please state who will be and what is their position in your business, or their relationship to you and the produce on sale (e.g. employee, grower, partner etc.)

Name: _____ Position: _____

Name: _____ Position: _____

Public Liability Insurance details (£5 million minimum cover required)

Insurance Company name: _____ Policy No: _____

Exp. Date: _____ Limit: £ _____

APPLICANT STATEMENT - I agree to comply with the rules and conditions of Olney Farmers Market.

Signed: _____ Date: _____

Please return the completed form to the Council office at the above address, enclosing:

- A copy of Basic Food Hygiene Certificate for food processors
- Copy of PPL insurance