**SWANSEA INDOOR MARKET**

**APPLICATION FORM – *NEW STALL LICENCE***

Please fully complete the application (including date and signature). Please ensure that any documentation required is also provided. For queries, please call City Centre Management on 01792 633090.

Please return the application to: Market Supervisor, Swansea Market, Oxford Street, Swansea SA1 3PQ **or** **swansea.market@swansea.gov.uk**.

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| **STALL APPLIED FOR** |
| **STALL NUMBER** |  |
| **PROPOSED TRADING NAME** |  |
| **PROPOSED USE***Please provide full description, photographs & product sample if relevant* |  |
| **APPLICANT DETAILS** |
| **NAME** |  |
| **ADDRESS** *Please indicate if homeowner* |  |
| **TELEPHONE NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **NAME & ADDRESS OF CURRENT EMPLOYER** |  |
| **ACTING AGENT – NAME & CONTACT DETAILS** |  |
| **ACTING SOLICITOR – NAME & CONTACT DETAILS** |  |
| **BUSINESS CASE** |
| **PLEASE EXPLAIN WHY YOU BELIEVE YOUR PROPOSAL SHOULD BE SUCCESSFUL** *Some questions to consider are: What products / services will you offer? What is unique about them / What will make them stand out from what is already on offer in the Market? What is the demand for your product / service? What is your target market? How would you reach them / attract them? What is your pricing strategy? What are your sales forecasts?***(Please continue on a separate sheet if required)** |  |
| **REFERENCES AND IDENTIFICATION** |
| **REFEREE***Please provide the contact details for a professional person who would be prepared to provide a reference and verify and support your application* | NAME:ADDRESS:EMAIL:RELATIONSHIP TO APPLICANT:  |
| **BANK DETAILS***Please provide details as we may request a financial reference* | BANK NAME:ACCOUNT NO:SORT CODE:ACCOUNT TYPE: |
| **IDENTIFICATION***Please indicate what 2 forms of identification you have submitted, which must include your home address. Please provide originals which will be returned* | ID TYPE 1:ID TYPE 2: |
| **STALL OPERATION** |
| **APPROXIMATE NUMBER OF STAFF TO WORK AT STALL** |  |
| **WHAT ARE THE FIRE OR GENERAL HEALTH & SAFETY RISKS ASSOCIATED WITH THE PROPOSED TRADING USE** *(e.g. cooking equipment)* |  |
| **WHAT ARE THE MEASURES THAT WILL BE TAKEN TO MINIMISE THESE RISKS** *(e.g. staff training, provision of fire fighting equipment, Portable Appliance Testing etc.)****Please note:*** *you will be required to complete a Fire Safety Risk Assessment prior to occupation of the stall, a proforma for which will be provided* |  |
| **PUBLIC LIABILITY INSURANCE****Please provide a copy of your Public Liability insurance certificate (minimum £5 million)*****Please note:*** *trading will not be permitted until this is in provided* | COPY OF CERTIFICATE PROVIDEDYES / NO  |
| **FOOD BUSINESSES****If you are proposing to operate a food business please advise if you are already registered with a Local Authority** | REGISTERED: YES / NOLOCAL AUTHORITY NAME:REGISTRATION NUMBER: |
| **IF A CHANGE IN THE STALL LAYOUT IS REQUIRED PLEASE DESCRIBE THE ALTERATION IN FULL*****Please note:*** *whilst a fixed wiring check will be undertaken to the stall prior to occupation, the stall unit is leased as seen and any modifications are to be funded by the successful applicant**a Licence to alter the stall may be required and an additional fee may be involved* |  |
| **PLEASE PROVIDE PLANS / DRAWINGS TO DEMONSTRATE THE PROPOSED NEW LAYOUT*****Please note:*** *Prior to any works taking place a Method Statement explaining how the works will be done and a Risk Assessment will need to be provided* | PROVIDED: YES / NO |
| **CERTIFICATION & DATA PROTECTION** |
| *- I hereby certify that the information I have provided as part of the stall application process in Swansea Indoor Market is accurate. I understand that giving false or misleading information may disqualify my application.**- I am aware of the rental rates associated with the stall(s) in question.*Swansea Council is the data controller for the personal information you provide on this form.  Your information will be used to provide you with the service that you have requested and will not be used for any other purpose.  We will not share your data with any third parties without your explicit consent unless we are required or permitted to do so by law.Data protection law describes the legal basis for our processing your data as necessary for the performance of a contract.  For further information about how Swansea Council uses your personal data, including your rights as a data subject, please see our corporate [privacy notice](http://www.swansea.gov.uk/privacynotice) on our website. |
| **NAME IN CAPITALS** |  |
| **SIGNATURE** |  |
| **DATE** |  |

**To help you ensure all information is provided, please check the following:**

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| **Have all the questions in the application form been answered and as fully as possible?** |  |
| **Is the £265 fee included?***(Please make cheque payable to City & County of Swansea)* |  |
| **Are 2 forms of identification included?**(Please note these must include your home address) |  |
| **Have you provided a copy of your public liability certificate (minimum value £5 million)? If not, have you advised when this will be put in place?** |  |
| **If you require a change in stall layout, have plans been provided?** |  |
| **Has the application form been signed and dated?** |  |

**For City Centre Management Office Use Only:**

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| ***Date(s) application initially received*** |  |
| ***CCM view & checks****- Home address checks (Electoral Register)- Business address checks (Companies House)**- References* |  |
| ***Outcome of Consultation*** * *Market Traders*
* *Council Officers*
 |  |
| ***Legal & Corporate Property view**** *Issue of Licence*
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| ***Other Views/ Information (e.g.)*** |  |
| ***Proposed occupation date*** |  |
| ***Payment details****- Administration fee* |  |