

TRADER APPLICATION FOR PARTICPATION AT

THE LIMERICK MILK MARKET

FOR OFFICE
USE ONLY

Name of Applicant:	
Applicant Business	
Name:	
Applicant Business	
Address:	
Applicant Home Address:	
Telephone (home)	
Telephone (business)	
Telephone (mobile)	
Email	
EHO Registration Number	
(Please attach certificate)	
Your Public Liability	
Insurance Company	
(Please attach certificate)	
Public Liability	
Insurance Policy Number	
Public Liability Insurance Expiry Date	

What Market Days are you interested in attending (please tick)?

Friday	Saturday	Sunday	Bank Hols Monday

What goods do you wish to sell at the market? Please list and describe in detail below:

Please list any organic or local ingredients that you use in your products and a brief summary of where your other ingredients are sourced from:

I declare that the particulars provided above are correct, that I have read the rules and regulations supplied and agree to accept them. <u>http://milkmarketlimerick.ie/wp-</u>

content/uploads/2014/03/Milk_Market_Trader_Management_Rules_and_Regulations.pdf

Applicant signature:	
Date	

Please return this form and supporting documents to:

Operations Manager, Limerick Market Trustees, Market House - The Milk Market, Mungret Street, Limerick. **Or** by email to <u>Traders@MilkMarketLimerick.ie</u>

NOTE: The personal data and information provided by you on this application will be recorded, processed and only used to enable effective management of the Markets and not passed onto any third party or used for any other purpose except insofar as may be necessary where necessary to confirm, update and enhance our records and establish your identity. If required by a duly authorised body, this information may be disclosed to a third party but except for such instances no disclosure will take place except with your prior authority