



APPLICATION TO TRADE ON LUDLOW MARKET

Name (Mr/Mrs/Miss/Ms/Other):

Trading Name (if applicable):

Postal Address:

..... Postcode:

Mobile.: Email:.....

National Insurance Number:.....Date of Birth.....

Registration Number of Primary Market Vehicle

Description of goods to be traded (please enter a detailed description, including distinctions such as if the goods are manufactured or home-made and so on):

.....

Which days would you like to trade and where would you like to trade?

Location →	Day ✓	Castle Square		Buttercross
		No. of Stalls	Vans or Open Pitches	Covered Pitches
Monday				
Wednesday				
Friday				
Saturday				

All traders must have public liability insurance of £5,000,000 to trade on our regular market

Insurance Provider:

Policy Number:Expiry Date:

If allocated a space, I agree to abide by the Market Regulations.

Signed: Date:

I agree to be featured on the Ludlow Market website and social media channels. Click [here](#) to create a Trader Profile.

FOR OFFICE USE:	Date received:
Licence issued: Y / N	Date licence issued: Authorised by:

Failure to provide sufficient information may affect our ability to process your application