



## APPLICATION TO TRADE ON LUDLOW MARKET

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

Trading Name (if applicable): .....

Postal Address: .....

..... Postcode: .....

Tel No.: ..... 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 →		Castle Square		Buttercross
	Day ✓	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: .....

**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*