.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Please circle the months in which you are able to sell your produce or products.

All Year Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

☐ **Will you be attending in person, at all the markets to sell your produce?** ☐ Yes ☐ No
If no, please state who else will regularly be at the markets and their position in the company.
To qualify to sell at a FARMA Certified Market, produce must be sold by the producer, a close family member or by a member of staff directly involved in the production of goods on sale.

Name(s) .....

.....

Position(s) .....

.....

NB: you are responsible for the conduct of anyone selling at your stall, antisocial behaviour will jeopardise the continued presence of your business at the market

☐ **Are you a member of any assurance or certification scheme (e.g. Organic, LEAF)**
☐ Yes - please include a copy of your certification documentation with this application ☐ No

Please give the name of the insurance company that provides your Public, Product and Employee Liability Insurance, the policy number and expiry date
Insurance company name: .....

Policy number: ..... Expiry date: .....

APPLICANT STATEMENT
Please tick to acknowledge
☐ I agree to sell only items that I have produced, grown or raised myself.
☐ One of the persons named above will be present at my stall.
☐ I understand that my details will be passed to Environmental Health and Trading Standards.
☐ I agree to assist in any inspections and/or visits required to verify the above statements.
☐ My insurance is current and I will supply a copy of the policy if asked.