BUCKINGHAM TOWN MARKETS

TRADER APPLICATION FORM

Please complete this application form if you wish to apply to become a Market Trader at Buckingham Town Markets.

# Which Market(s) would you like to apply for:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Casual Trader** | **Regular Trader** | **Pitch Size** | **Requested Start Date** |
| **Tuesday** Street Market |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| **Saturday** Street Market |  |  | Click or tap here to enter text. | Click or tap here to enter text. |
| **Saturday** Flea Market |  |  | Click or tap here to enter text. | Click or tap here to enter text. |

## Please list the main products / ranges that you wish to sell:

|  |
| --- |
| Click or tap here to enter text. |

## Applicant Details

|  |  |  |
| --- | --- | --- |
|  | **Applicant 1** | **Applicant 2** |
| **Business Name** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Full Name** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Address including postcode** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Telephone number(s)** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Email address** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Insurance Details**  Insurer Name  Policy / Membership No  Expiry Date | Click or tap here to enter text. | Click or tap here to enter text. |
| **Signature & Date** | Click or tap here to enter text. | Click or tap here to enter text. |

## If you were referred to the market by someone, please provide their name and contact details:

|  |
| --- |
| Click or tap here to enter text. |