



# Application Form – Skipton Market

Application to be completed in the name of one person only.  
Please read the accompanying notes.

**PLEASE COMPLETE IN BLOCK CAPITALS**

NAME (INCLUDING TITLE)	
HOME ADDRESS	
HOME & MOBILE TEL NO	
BUSINESS NAME	
BUSINESS ADDRESS	
BUSINESS TEL NO	
EMAIL ADDRESS	
BUSINESS WEBSITE	
DESCRIPTION OF GOODS SOLD – MUST BE IN DETAIL  GENERAL HEADINGS SUCH AS CLOTHING, WILL NOT BE ACCEPTED.  PLEASE SEND PHOTOS OF YOUR PRODUCTS BY POST OR EMAIL.	
DAYS YOU WISH TO TRADE DELETE AS APPROPRIATE	MONDAYS   WEDNESDAYS   FRIDAYS   SATURDAYS

IF APPLYING FOR A FOOD CONCESSION – WHICH LOCAL AUTHORITY ARE YOU REGISTERED WITH?	Please also send us details of your Environmental Health registration and a copy of your Food Standards Agency Rating Certificate.
--	--

Are you a trader on any other market? YES / NO

If YES, which Market(s):

---

If you are not a current market trader, have you been involved in the retail trade? YES / NO

If YES, in what way:

---

---

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

For further information, contact the Markets Management Office at Skipton Town Council on 01756 700553 or email [market@skiptontowncouncil.gov.uk](mailto:market@skiptontowncouncil.gov.uk)

Signed:

---

Date:

---

Send your completed application form to: Skipton Market, Skipton Town Council, Town Hall, High Street, Skipton, North Yorkshire, BD23 1FD

For Office Use Only

APPLICATION ACCEPTED	YES	NO
----------------------	-----	----

Notes: