

**LICENCE APPLICATION TO TRADE IN
EASTGATE INDOOR MARKET**

I/We HEREBY MAKE APPLICATION to Gloucester City Council TO
BECOME A LICENSED TRADER IN EASTGATE INDOOR MARKET

Contact Name	
Contact Address	
Contact Telephone Numbers	
E-Mail Address	
Business Name	
Please give details of the goods /services you wish to sell/provide	
Number of stalls you would like to trade from?	
Number of store rooms or cold stores needed?	
Date you would like to start trading from?	
Are you a member of the National Market Traders Federation?	
Do you have a valid Public Liability Insurance Certificate? Please give details	

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INFORMATION IN SUPPORT OF YOUR APPLICATION:-

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

Signature of Applicant.....Date.....

**Return this form to:
Market Office,
Eastgate Indoor Market,
The Forum,
Eastgate Street,
Gloucester,
GL1 2EQ**