

**ALFORD TOWN COUNCIL
MARKET STALL**

Trading Name

Contact Name
& Address

Telephone No:

E-mail Address:

Insurance Details attached

Type of Trade

Providing Own Stall

Size of Stall

Vehicle to be parked adj./rear of stall

Type/size of vehicle

Market Day Preferred: TUESDAY / FRIDAY / BOTH

I would like to trade on the Alford Town Council's Market, and agree to abide by the licence conditions, a copy of which I have received.

Signed

Date