



DORSET COUNCIL

**APPLICATION FOR LICENCE TO HOLD A MARKET
WITHIN 6 2/3 MILES OF DORCHESTER MARKET**

Market Event Operator:

Name:

Address:

.....

..... **Post Code:**

Telephone:

Type of Market:

(Please see attached information)

Category I:

DATE and Day of Week

- | | | |
|---------------------------|--------------------------|-------|
| Commercial Market | <input type="checkbox"/> | |
| Commercial Car Boot Sale | <input type="checkbox"/> | |
| Agricultural Show | <input type="checkbox"/> | |
| Farmers Market (SEE NOTE) | <input type="checkbox"/> | |

No. of Stalls

Frequency (weekly/monthly/other) W/M

Market to be held between the hours of: and

Category II:

DATE and Day of Week

Charitable Car Boot Sale	<input type="checkbox"/>
Farmers Market	<input type="checkbox"/>
Womens Institute Sale	<input type="checkbox"/>
Open Day	<input type="checkbox"/>
Fayre	<input type="checkbox"/>
School/Village Fete	<input type="checkbox"/>
Garage Sale	<input type="checkbox"/>
Fund Raising Event	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>
No. of Stalls	<input type="checkbox"/>	
No. of Occasions per Year	<input type="checkbox"/>	

Market to be held between the hours of and

Has this event been held prior to 1 January 2001? **Yes/No**

If **yes** please provide evidence to support this.
(number of stalls, frequency, type of goods, location etc)

.....

.....

Location and Details: Please state the precise location of the proposed Market/Event.

.....

.....

Please give a brief description of the type of goods to be sold.

.....
.....

Will an entrance fee be charged? **Yes/No**
If yes, how much?

Will a charge be made to stallholders? **Yes/No**
If yes, how much?

Will the proceeds go to:-

Charity Please name and state percentage of proceeds:

.....
.....

Organisation Please name:

Other Please specify:

FARMERS MARKETS – please provide evidence that the Market is run by a non-profit making organisation with Directors receiving no remuneration, that the organisation promotes Dorset food products and supports Dorset Farmers and growers.

Name & Address of Agent:

Name:

Address:

.....

Telephone:

Signed:

On Behalf Of:

Dated:

When completed please return this form to:-

Assets, Estates and Property
Dorset Council
South Walks House
South Walks Road
Dorchester
Dorset
DT1 1UZ

Tel: 01305 252356

The council has a duty to protect the public funds it administers, and to do this may use the information you have provided on this form to prevent and detect fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Where appropriate, and as part of its commitment to improving customer service, the council may also share the information provided on this form with other council services.

For more information, see <http://www.dorsetforyou.com/fraud> or contact 01305 251010.