



APPLICATION FORM FOR SHOP / STALL UNIT

(Please clearly print the required information in **BLOCK** capitals)

Full Name

Address

Tel. No.

Business Address

(if different from above)

Tel. No.

Please specify proposed line of goods to be sold:

(Note that obvious split commodity tenders will not be acceptable e.g. Toys and Soft Furnishings.)

What extra value will your business bring to the Market?

It may be that you have excellent stall displays or First Class Customer Care techniques (e.g. Name Badges for Staff).

Please enclose the Business Plan you intend working to with regard to this venture. It should include the results of any research you have carried out on your expected Customer Base, Demographic Profile and Commodity Choice. You should also show your estimated income projections against any initial outlay you expect to finance in the first instance and verification that your plan has been approved by your small business advisor, accountant or similar professional agent.

REFERENCES

1 ~ Name and Address of Financial Reference:

Name

Address

2 ~ Name and Address of two (2) other Referees:
One must be a Business Reference

	I.	II.
Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Tel. No.	<input type="text"/>	<input type="text"/>
Fax. No.	<input type="text"/>	<input type="text"/>

3 ~ The Council reserves the right to make all reasonable enquiries with Credit Reference Agencies in order to verify the suitability of prospective Tenants.

SOLICITORS

If your application is accepted and you intend to use Solicitors with regard to the completion of the Lease, please give their name and address below:

Name

Address

Tel. No.

Signed _____ **Date** _____