

**CONTACT DETAILS** (please print in block capitals)

Name of company or individual:

## **FOOD HALL APPLICATION FORM**

Application Form Closing Date: 1<sup>st</sup> April 2020
Applicants will be informed by April 15<sup>th</sup> if their application was successful.

Contact name:						
Address:						
Post Code:						
Telephone:						
Email:	Webs	ite:				
ype of stand	Price all plus VAT	Size requ	ired	Total cost		
OOD HALL	3m frontage @ £140.00 Additional space @ £50.00 per m.		rontage x 3m depth			
OOD HALL Sale of Alcohol ncludes TENS licence	3m frontage @ £195.00 Additional space @ £68.00 per m.		frontage x 3m depth			
FOOD HALL Cooking food or immediate consumption	3m frontage @ £228.00 Additional space @ £80.00 per m.		frontage x 3m depth			
OOD HALL Electric supply	3kw plug 13amp socket £85 5kw twin 13 amp sockets £118 16 amp Ceeform 1ph £96 32 amp Ceefrom 1ph £133 Other supplies available					
Extra passes	£10.00 each	(2 passes ir	ncluded in cost of stand)			
	issued when your application is con-	firmed on A	DRII 10 <sup>th</sup> for navment	hy end of MAY		
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## **COMPULSORY RISK ASSESSMENT FORM**

## THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR APPLICATION

Please consider what risks there are to those building the stand and to your staff and members of the public on Showday. Outline the steps that you propose to take to minimise these risks. Copy this page if more space is required. Alternatively you can send details of your existing Health & Safety arrangements relevant to exhibiting at Shows

Hazard	Persons at Risk	Controls to minimise risk			
4	FIRE ASSESSMENT				
	PROVIDED AND A FIRE ASSESSMENT U	JNDERTAKEN BY ALL EXHIBITORS			
Liquefied Petroleum Gas					
(LPG) on site YES/NO					
Are you service hot food or drinks					
either for sale or hospitality?					
YES/NO					
Will you be using a generator					
YES/NO					
CONTACT DETAILS of person com	pleting this assessment				
Name of Company or responsible individual					
Address					
Address					
Signed	Print name	Date			
DURING HARILITY INSURANCE 311	exhibitors must provide a copy of their of	certificate with this application. If the			
	owday, please also forward copy of new d				
Insurer	and a copy of her a	Expiry date			
Policy No:		Show Office use - Copy received			
here will be persons on site staying on the stand/in the camping area on Sun / Mon / Tues / Wed					
I have read and understood the rules & conditions and hereby undertake on behalf of myself/ourselves					
and on behalf of all persons in my/our employ to abide by the rules and conditions					
Signed	Print name	Date//			