

Open Market Application/Registration

Surname					
First name					
Home Address					
Telephone No. (incl	. STD code) D	aytime		Evening	
Mobile					
Current NMTF men	nbership no.				
If not member of NI	MTF state name	e of insurance co. f	or public liability cove	er.	
Name of company					
Current policy no.					
Amount of cover	£				
State market you w (Note separate applic		e submitted for each	market)		
Please tick the day	s you wish to at	ttend			
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
State goods you wi	sh to sell				
Please be specific if p	oossible - Speciall	y defined lines will red	ceive priority.		
	or be granted a L	icence to occupy a			nould I attend any market ket rules and regulations
Date	Sig	gnature			

Form to be returned to: Markets Officer, The Office Suite, Wigan Market Hall, Wigan, WN1 1PX Tel.01942 514526/513163