



STALL APPLICATION FORM

*BRIAR FAIR & Speciality Market



(Part of the Black Country Festival 2017)

Brierley Hill High Street closed to traffic
SATURDAY 22nd July 2017 9am to 4pm

Artisan, local produce, homemade, craft, street food, handmade, vintage, antiques, good quality & unusual items welcome to apply.

Entertainment inc funfair, main stage acts, street artists & more!

Name.....

Address.....

.....Post Code.....

Telephone.....mobile.....

email.....

Goods sold (please give detail).....

.....

I require (no of stalls).....stall/s *N.B. (3m pop-up canopy, with counter provided)

**Please indicate the number of stalls you require, N.B. Rent is £35 per stall, per day. CATERERS please email first with images of your set-up/unit/ and full menu.*

PAYMENT: *N.B. Pre-paid stall rents are NON-REFUNDABLE, including traders cancelling themselves, or the market being cancelled by the Operator in the event of adverse weather conditions.*

I enclose my payment of rent for the day by CASH/CHEQUE (To: LSD Promotions)

TOTAL VALUE £.....

I DO / DO NOT require temporary insurance. **N.B. ALL traders must have public liability insurance cover. Temporary cover can be arranged for non-regular market traders (for an extra charge of £5.00 per day). **All traders using their own insurance must provide a photocopy and attach it to this booking form. **N.B. LSD Promotions do not accept any responsibility for injury, damage or loss to any person, stock, or property whilst on site. By applying for a pitch and attending the event you indemnify LSD Promotions against any claims or damage which may arise as a result of your visit.**

CARD PAYMENT: I enclose my payment of rent for the day by CREDIT/DEBIT CARD below:
Please return this form to LSD Promotions, Ground Floor Offices, Stamford Mews, Enville Estates, Stourbridge, DY7 5HD Email customerservice@lsdpromotions.com

NAME OF CARDHOLDER:.....	CARD TYPE
CARD NUMBER.....	
EXPIRY DATE.....	START DATE.....
CCV: (3 digits on back of card).....	ISSUE NUMBER: (if applicable).....
TOTAL AMOUNT TO BE DEDUCTED FROM CARD £.....	Signature.....

FOR OFFICE USE ONLY.

Receipt No:

Date of payment:

Payment Location:

Cash / Cheque / Card



working in partnership with

Payment taken by:

Traders own insurance Policy No:

Expiry Date:

