



**MONMOUTHSHIRE SHOW SATURDAY 6<sup>th</sup> JULY 2019**  
**CRAFT MARQUEE & SHOPPING MALL APPLICATION FORM**

Please Complete and Return this Form with Full Payment, Insurance and Completed Risk Assessment to:-  
 The Secretary, Monmouthshire Show, Treveddw Farm, Pandy, Abergavenny, Monmouthshire, NP7 7PE.

**PLEASE INDICATE IF YOU ARE - CRAFT OR SHOPPING MALL – (CIRCLE AROUND YOUR RESPONSE)**  
**NOTE – WE ONLY ACCEPT CRAFTS THAT ARE AT LEAST 75% HAND MADE**

**BUSINESS NAME**.....  
**PERSON IN CHARGE OF STAND**.....**24 HOUR MOBILE** .....

**ADDRESS**.....  
 .....**POSTCODE**.....

**TELEPHONE NO**..... **EMAIL**.....

PLEASE GIVE A BRIEF DESCRIPTION OF WHAT YOU SELL (THIS WILL BE INCLUDED IN THE SHOW CATALOGUE)

**LIST ALL ITEMS BEING SOLD – AS WE WILL RETAIN THE RIGHT ON SHOW DAY TO REMOVE THOSE ITEMS NOT LISTED.**

<b>Tradestand Space Frontage x Depth (Add £32.50 per additional metre if required)</b>	<b>Cost up to 30<sup>th</sup> April</b>	<b>Cost Post 30<sup>th</sup> April</b>	<b>Quantity</b>	<b>Passes included</b>	<b>Amount £</b>
2m x 2m	£65	£70		2	£
3m x 2m	£97.50	£105		2	£
6m x 2m	£195	£215		3	£
6ft Trestle Tables @ £8 each					£
Chairs @ £3 each					£
Extra Admission passes @ £10 each					£
				<b>Total Cost</b>	£
No. of people on site overnight on 05/07 and/or 06/07 & Vehicle Registration number.					

**PAYMENT INFORMATION** - Cheques Payable to: Monmouthshire Show Society Ltd  
 BACS: NatWest Bank plc Sort Code: 51-61-02 Acc No: 04219260 Ref: YOUR COMPANY NAME  
 Credit/Debit Card Payment: Contact Show Office on 01873 890365

Bookings will NOT be accepted without FULL PAYMENT, a copy of your Public Liability Insurance Certificate covering the Show Date and a Fully Completed Application Form Risk Assessment. All forms may be inspected when on site and need to be made available.

I have read and agree to the Rules and Regulations governing Tradestand Exhibitors at Monmouthshire Show 2019 and the Safety Policy Statement of Monmouthshire Show Society Ltd.

Signed..... Date.....

N.B. Completing this form does not constitute acceptance of your application. The committee reserves the right to refuse applications without giving a reason.

FOR OFFICE USE ONLY-

Application No- CRAFT OR SHOP	Receipt/Invoice	Admit Passes	Vehicle Pass
Date Received	Date Sent	Generator	Sleep on site
Electric	Table	Chair	STAND REF



## **TRADE MARQUEE RISK ASSESSMENT FORM**

Please answer the questions below by placing a circle around your response.

**Note that some questions ask you to provide evidence for your answer.**

The evidence DOES NOT have to be sent with your application but must be available on request on your Trade Stand during the Show.

<b>A. INSURANCE</b>			
Do you hold Public Liability Insurance to cover your attendance at the Show? You must bring a copy of your certificate with you.	Yes	No	N/A
<b>B. REDUCING THE RISK OF FIRE</b>			
Has any portable electrical equipment been portable appliance (PAT) tested by a competent person in the last year? (Evidence may be requested).	Yes	No	N/A
Have you identified ignition / heat sources and ensured that these are kept away from all flammable / combustible materials?	Yes	No	N/A
<b>C. PREVENTING FIRE SPREAD &amp; FIRE FIGHTING</b> (including your caravan if it will be located on the Showground)			
Will you have sufficient bins for refuse or suitable arrangements to prevent an accumulation of refuse?	Yes	No	N/A
Do you have appropriate fire extinguishers / fire blankets available that have been tested within the last year? (Evidence may be requested).	Yes	No	N/A
Are staff within the stand / unit be familiar with the basic operating instructions for the fire extinguishers / fire blanket?	Yes	No	N/A
<b>D. EMERGENCY ESCAPE</b>			
Will staff be aware of what to do in the event of a fire and how to raise the alarm?	Yes	No	N/A
<b>E. OTHER RISKS</b>			
Are you aware that you must not stock or sell certain items, as listed within the Trade Space Schedule?	Yes	No	N/A
Have you completed a risk assessment covering the set-up, use and take-down of your tradestand, e.g. management of slips, trips and falls etc. (Evidence may be requested).	Yes	No	N/A

SIGNED .....

PRINT NAME.....

TRADING NAME.....

DATE.....

N.B. Completing this form does not constitute acceptance of your application. The committee reserves the right to refuse applications without giving a reason.  
No bookings can be accepted without full payment.