

KINGTON HORSE SHOW & AGRICULTURAL SOCIETY



Established 1881 🕳

<u>INDOOR FOOD STAND APPLICATION FORM – SATURDAY 14th September 2019</u> (Please Note: No cooking of food in the marquee)

<u>CONTACT DETAILS</u>					
Name of Company Conta	ct Name				
Address					
Post Code Tel No	Mob				
Email Website	nail				
Brief Description (To be included in the Show Catalogue)					
INDOOR FOOD SPACE (No Gazebos allowe		Įuee)			
You are entitled to 2 free passes per	1	Cost			
Requirements	Quantity	Cost			
3 x 3m Space @ £52 (Local producer £42)		£			
6 x 3m Space @ £104 (Local producer £84)		£			
9 x 3m Space @ £156 (Local producer £126)		£			
Electric Supply (kva/amp required) @ £40		£			
Trestle Table @ £10 each		£			
Chairs @ £5 each		£			
Banner advertising (you provide) around main ring @ £30		£			
Advert in the Show Catalogue Full page 17cm (h) x 12cm (w) £50 Half page 8.5cm (h) x 12cm (w) £25		£			
	Total Cost	£			
OTHER INFORMATION)N				
Registered Environmental Health Authority (where relevant)					
Date of last inspection					
<u>-</u>					
PAYMENT ☐ BACS: HSBC Sort Code 40-28-13 Acc No. 11118226 Ref: ☐ Cheque payable to Kington Show. Payment must be made before		me			
Location Preference? I have read and agree to the Shows Trade Stand Safety Policy (av I have enclosed my public Liability Certificate					
Signed D	ate				



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RISK ASSESSMENT

In the interests of safety, the Society requires you to complete the Risk Assessment form below detailing any potential hazards (including Fire) which may arise during your visit to the Show ground, and the controls you will have in place to minimise any risk.

All forms must be signed by the Responsible Person who will be in charge of your area during the Pre-Show build up, Show Day and Post-Show dismantling time.

All exhibitors are responsible for their staff and/or contractors and must make sure they are competent and qualified to carry out any works while at the Show ground.

Bookings cannot be confirmed until the completed Risk Assessment Form has been returned to the Show Secretary

Potential Hazard	People/Groups at Risk	Risk (H/M/L)	Measures in place to minimise risk

RESPONSIBLE PERSON

Signed	Date
Print	

Please scan and return paperwork to <a href="weight:weight