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**Shropshire County Show - 25th May 2024**

**Food Vendor Hygiene Information**

**(This form must be completed before applications are accepted)**

1. **TRADING NAME:**

1. **FOOD PRODUCT INFORMATION:** Is the produce you are serving made by (please tick the appropriate box)

**You** [ ]  **A member of your family or business** [ ]  **A third party** [ ]

All applicants MUST detail a full description of the product(s) to sell:

1. **FOOD HYGIENE INFORMATION**

Name of Food Business Operator:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

Name of Local Authority you are registered with:

What is your current Food Hygiene Rating?

**5** [ ]  **4** [ ]  **3** [ ]  **2** [ ]  **1** [ ]  **0** [ ]

**Unrated** [ ]  **Exempt** [ ]

Date of your last inspection:

Has your business ever had improvement notices served or been subject to any legal action:

**YES** [ ]  **No** [ ]

*(If yes please provide details below)*

1. **VEHICLE DETAILS**

Stall [ ]  Purpose Built Vehicle [ ]  Converted Vehicle [ ]

Tent/Gazebo [ ]  Other\* [ ]

*Please specify\**

**Please indicate the following facilities you intend to provide onsite:**

Refrigerator [ ]  Cooking Hob/Griddle [ ]  Oven [ ]  Sink with Hot water [ ]

Separate Hand Washing Facilities\* [ ]

*\* Please provide details*

If attending with more than one vehicle, please provide further details:

**Name of Public, Product & Employee Liability Insurer & Policy Number**

**PLEASE ENSURE YOU EMAIL A COPY OF YOUR PUBLIC LIABILITY COVER TO SUPPORT YOUR APPLICATION TO** **manager@westmidshowground.com**

**APPLICATIONS WITHOUT THIS WILL NOT BE CONSIDERED**