**OFFER FORM: ICE CREAM CONCESSION, MORECAMBE PROMENADE**

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| **Site No(s)** |  |
| **Location(s)** |  |
| **Full Name (block letters)**  (Name of person who will sign the agreement. If the agreement is to be in the name of a company, please provide the names of authorised signatories) |  |
| **Trading name (if any)** |  |
| **Address:**  (If the agreement is to be entered into as an individual his/her private address should be given. If signed on behalf of a company then the registered office address and company number is required). |  |
| **Telephone Number(s):** |  |
| **Email address:** |  |

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| --- |
| **In Respect Of The 2024 Season, I Offer To Pay A Licence Fee Of:**  **£** |

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| In accordance with the schedule PRINCIPAL TERMS AND CONDITIONS FOR LICENCE.  I agree to Council records (including Council Tax and Business Rates) being checked to see if any debts are owed to the City Council, if required. | | | |
| Signed | …………………….……………………… | ***Date*** | ……………………..………… |

###### *Additional information requested*

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| **Details of Community benefits/ Implementation/service delivery (including local employment, local goods, mileage & operation of the concession).**  *(continue of separate sheet if necessary)* |  |
| **Please include full details of the trailer you wish to use, including the manufacturers illustrated brochure and specification** |  |
| **How will the trailer be staffed? If staff are to be employed, what training will they have?** |  |
| **If you are not an existing/recent concessionaire on Morecambe Promenade please:**  **Indicate your experience/current business in running an ice cream concession.** |  |
| **Please supply details of your public liability insurance.**  (A copy of the policy will be required before any consent is issued) |  |
| **Give details about your food handling experience to date:** |  |
| **Provide details of your food hygiene rating or registration?** |  |
| **Any other details to support your application:** |  |