**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:** |       |