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| **Expression of Interest & Vendor Quality Control*****Application Form*** | | | | | | | | | Logo Final |
|  |  | | | | **Endorsed by:** | | |  | |
|  |  | | | |  | | | **Local Enterprise Office** | |
|  |  | | | |  | | |  | |
| **Name:** |  | | | | **Company name (if different):** | | |  | |
| **Address:** |  | | | | | | | | |
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| **Phone:** |  | | | | | **Mobile:** |  | | |
| **Email:** |  | | | | |  | | | |
|  | | | | | | | | | |
| Details of products | | | | | | | | | |
| **Categories:** | | | Which group does your products / services fall under | | | | | | |
| **Hot Food:** | |  | All cooked foods, served hot. | | | | | | |
| **Other Food:** | |  | All ‘cold serve’ foods; sandwiches, wraps, confectionary, etc. | | | | | | |
| **Craft:** | |  | Non-food items including sculpting, crafting, jewellery etc. | | | | | | |
| **Producer:** | |  | Products grown or farmed by the vendor. | | | | | | |
| **Artist:** | |  | Paintings, drawings or pictures produced by the vendor. (hanging space only) | | | | | | |
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| **Product List** (Should be comprehensive).**\*** | | | | | | | | | |
| **Product name** | | | | Brief description (Pictures of products required to assist in evaluation process) | | | | | |
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| For all vendors that are not producers (farmers or growers) where do your products or ingredients originate? | | | | | | | | | | | | | |
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| In the production of your product, are there any of the following: | | | | | | | | | | | | | |
|  |  | MSG (Monosodium glutamate) | | | | | | | | | | | |
|  |  | Trans fats (any hydrogenated or partially hydrogenated oils) | | | | | | | | | | | |
|  |  | Artificial colourings or preservatives | | | | | | | | | | | |
| If selected, please explain why your product(s) require any of the above. | | | | | | | | | | | | | |
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| Do you have a history of food production? | | | | | | Yes |  | | No | |  |  | |
| What type of food handling training do you have? | | | | | | | | | | | | | |
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| Have you completed a HACCP course? | | | | | | Yes |  | | No | |  |  | |
| Have you previously operated/do you currently operate a business in the County Council’s | | | | | | | | | | | | | |
| administrative area? | | | | | | Yes |  | | No | |  |  | |
| If yes, Name & Address of business: | | | | |  | | | | | | | | |
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| Do you require gas? | | | | | | Yes | |  | | No |  | |  |
| Do You require electricity?\* | | | | | | Yes | |  | | No |  | |  |
| \*If yes you must supply your own 50 metre (min) extension lead suitable for outdoor use. | | | | | | | | | | | | | |
| Which of the two markets available are you applying for? | | | | | | | | | | | | | |
| * Marley Park Saturday | | |  |  | | | | | | | | | |
| * Marley Park Sunday | | |  |  | | | | | | | | | |
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**Please note that this application does not guarantee a position in any of the CoCo Markets – it is an expression of interest ONLY.**

**Please return all completed application forms to:** [**contact@leo.dlrcoco.ie**](mailto:contact@leo.dlrcoco.ie)

**General Information regarding the CoCo Markets**

Thank you for enquiring about taking part in this joint initiative

Following are guidelines for your general information. Do not undertake any of the following without arranging a guaranteed market stall for yourself first. This information is intended to educate you about what is involved in taking out a market stall only.

You will need:

* **Public Liability Insurance** with an appropriate level of indemnity in place prior to commencement of trading. The policy must specifically indemnify Dún Laoghaire Rathdown County Council.
* You must be registered with your local health board if you intend to produce food or consumables of any kind at home. You can inform your local HSE/EHO that you intend to produce goods at home for sale at the markets. They will inspect your premises at some point prior to you starting in the markets.
* Vendors must supply their own water for cleaning / hand washing.
* If you are selling hot food, you will have to comply fully with all health and safety legislation and it is your responsibility to find out what is required. At a minimum, you will need a hot water hand-washing unit in your stall.

* All perishable food must be kept at the correct temperatures and you must keep a record of the temperatures by using a calibrated temperature probe.
* 50 metre extension lead suitable for outdoor use if you require electricity.
* Payment will be accepted by **Standing Order or by postal order. All vendors** must pay monthly **in advance.**

**N.B. Purchase of above mentioned equipment or insurances may incur significant expense. Applicants should refrain from doing so until / unless offered a space in a market.**

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| --- | --- |
| **Signature of Applicant:** |  |
| **Name of Applicant: (block print)** |  |
| **Date of application:** |  |

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| --- | --- | --- |
| **Day** | **Location** | **Times** |
| Saturday | Marlay Park, Rathfarnham | 10:00 AM – 4:00 PM |
| Sunday | Marlay Park, Rathfarnham | 11:00 AM – 4:00 PM |

Monthly rates applicable to Market Vendors:

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Rent\*** | **VAT23%** | **Total** |
| Hot food | 260.00 | 59.80 | **319.80** |
| Other food | 180.00 | 41.40 | **221.40** |
| Producer | 100.00 | 23.00 | **123.00** |
| Craft | 80.00 | 18.40 | **98.40** |
| Artist | 30.00 | 6.90 | **36.90** |

**\*Rent is per market attended per month e.g. if attending Saturday Market and Sunday Market in Marley Park this would be two markets.**

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| **Category** | **Cost\*** | **VAT23%** | **Total** |
| Hot food | 40.00 | 9.20 | **49.20** |
| All others | 30.00 | 6.90 | **36.90** |

**\*Cost is per 16amp socket per market per month**