

New Business Application Pack



The Oastler Shopping Centre,
Kirkgate Market Hall,
Keighley Market Hall,
St James's Wholesale Market

you can view all our vacant units on
www.bradfordmarkets.com



For further information on completing this application form please refer to the Guidance Notes accompanying this form, which can also be viewed on our website:

www.bradfordmarkets.com/markets/guidance_notes.php

The completed form must be returned to:

Markets Service
Units 1-5, Kirkgate Market Hall
Kirkgate, Bradford
BD1 1TE

Please note that our initial decision on your application will be made within 2 weeks of the date that your application has been validated.

If your application is approved then your application will take approximately 6 weeks to complete the financial and legal paperwork before handing you with the keys to the unit(s)

Section A – About You

This section of the application form is for information relating to the person(s) submitting the application. If it is a joint application then both parties must complete this section.

1	Please state the Unit No(s) and at what venue you are applying for	Unit No(s)			
		Keighley Market			
		Kirkgate Market			
		Oastler Shopping Centre			
		St James's Wholesale Market			
2	Please quote the rental figure as per the lettings particulars	£			
3	Please provide a summary of the goods you are proposing to sell from these Units				
	Details	Tenant (1)	Tenant (2)		
4	Title (Mr, Mrs, Miss, Ms, Other)				
5	Forename(s)				
6	Surname				
7	House No				
8	Street				
11	Town/City				
12	Postcode				
13	Tel: (Home)				
14	Tel: (Mobile)				
15	Email address				
16	Date of birth				
17	Previous Address (If less than 3 years at present address)				
18	Under the requirements of the Asylum and Immigration Act, are you currently eligible to work in the UK?	YES:		NO:	

Section B – About your Business

This section of the application form should provide additional information relating to your application.

19	Is this a new business?	YES		<i>(If YES, skip to Section C)</i>	NO	
20	How many years has the business been trading?		21	Name of Business		
22	Business Address	Street				
		Town/City				
		Post Code				
23	Telephone Number		24	Email address		
25	Website Address			FB/twitter		

Section C – About your Products and Service

This section requires you to provide further information to support your application. It is advisable to provide any leaflets, images or photographic evidence of your products / services

26	Please provide a DETAILED LIST of the goods you wish to sell. <i>(Broad headings such as fancy goods, gifts, drapery or fashion are not acceptable)</i>				
27	Are the proposed goods/services already available in the market?	YES		NO	
28	If YES, do you think there is sufficient customer demand for more of the same goods proposed and if so, please explain why?				
29	If NO, how do you think your proposal will improve or benefit the market				

Section D – About your Shop Fitting Works

30	What is your total budget for fitting out and/or improvements to the unit?			£
31	After viewing the unit(s) please indicate what improvement work will be undertaken?	Work Type	Brief description of work	Estimated Cost (£)
		Ceiling		£
		Counters		£
		Flooring		£
		Lighting		£
		Painting/ Decorating		£
		Security Shutters/ Doors		£
		Services (i.e. electrical, gas, plumbing)		£
		Signage		£
		Specialist Equipment		£
		Sprinkler System		£
		Walls		£
		Other (Please Specify)		£
		Total Estimated Cost		
32	How long do you estimate this work to take?		Days/Weeks/Months <i>(please circle/delete as appropriate)</i>	

Section E – Credit Reference

CREDIT REFERENCE CONSENT FORM

We will obtain information about you from credit reference agencies and Council records to check your credit status and identity. The agencies will record our enquiries which may be seen by other companies who make their own credit enquiries. We may use credit scoring.

We may make periodic searches at credit reference agencies and will provide information to other Council departments to manage and take decisions. The information may also be used for tracing and debt recovery purposes.

I/We hereby give my/our consent for Bradford Council Markets Service to apply for a personal Credit Reference in respect of my application.

33	Applicant 1	Print Name	
		Signature	
	Date of Birth:		
	Address (If at address less than 3 years please advise of your previous address)		
	Applicant 2	Print Name	
		Signature	
	Date of Birth:		
	Address (If at address less than 3 years please advise of your previous address)		

Applicants Consent:

I understand that public funds must be protected and so the information I have provided on this form may be used to prevent and detect fraud. The information on this form may be used by the Council for checking to other records held by the Council and may also be shared, for the same purposes, with other organisations which handle public funds. I confirm, that to the best of my knowledge, the information provided on this form is correct and gives a true representation of my qualifications and employment history and agree that this information can be used for monitoring purposes and my consent is conditional upon the Council complying with their obligations under the Data Protection Act 1998.

Signed (1): _____

Date: _____

Signed (2): _____

Date: _____

Section F – Additional Information

Please tell us how you heard about the stall/unit availability (Tick the box)

To Let sign		Word of Mouth		Markets Website	
Markets Service		Letter		Newspaper	
Notice Board		Other (please specify)			

ETHNIC CLASSIFICATION I would describe myself as (Please Tick):

34	White	English	1	
		Scottish	2	
		Welsh	3	
		Irish	4	
		Any Other White	5	
	Mixed	White & Black Caribbean	6	
		White & Black African	7	
		White & Asian	8	
		Any Other Mixed	9	
	Asian or Asian British	Indian	10	
		Pakistani	11	
		Bangladeshi	12	
		Kashmiri	13	
		Any Other Asian	14	
	Black or Black British	Caribbean	15	
		African	16	
		Any Other Black	17	
	Other Ethnic Groups	Chinese	18	
		Any Other Ethnic Group	19	

NOTE: These categories have been recommended to the employers by the Commission For Racial Equality and are being collected to assist the Council to monitor the effects of its equal rights policy and to meet the requirements of the Race Relations (Amendment) Act 2000.

Disability			
35	Do you consider yourself to have a disability as defined below?	YES	(please tick)
	According to the Disability Discrimination Act 1995, a person with a disability is someone who has a physical or mental impairment which has a substantial and adverse, long term effect on his or her ability to carry out normal day-to-day activities.	NO	(please tick)
Please give a basic summary of your disability and/or any specific assistance required here			

Section G – Direct Debit Mandate



The Direct Debit Guarantee

- **This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.**
- **If the amounts to be paid or the payments dates change Bradford Council will notify you at least 10 working days in advance of your account being debited or otherwise agreed**
- **If an error is made Bradford Council or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.**
- **You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of this letter to us.**

✂..... Please detached and keep this slip in a safe place✂

Instruction to your Bank/Building Society to pay Direct Debit

Please fill in the whole form using a ball point pen and send to:-

Bradford Council, Markets Service, Units 1-5 Kirkgate Market Hall, Kirkgate, Bradford, BD1 1TE



Originators Identification No: **850160**

Please write the full postal address of your branch below

To: The Manager _____
Bank/Building Society _____
Address _____
Postcode _____

Invoice Reference Number

(for office use only)

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Name of account holder(s) (BLOCK CAPITALS PLEASE)

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Sort Code (from the top right hand corner of your cheque)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Instruction to your Bank or Building Society

Please pay Bradford Council Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Bradford Council and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s).....
.....

Date.....

Banks/Building Societies may refuse to accept instructions to pay Direct Debit from some types of account



Please Complete:

(This is not part of the instruction to your Bank/Building Society)

Names(s).....
.....

Postcode.....

Telephone Number.....

(In case we need to contact you)