

**MARKET LICENCE 2025-26**

**MARKET/EVENT NAME:**

**NAME OF APPLICANT AND CONTACT DETAILS:**

**TYPE OF MARKET:**

**SINGLE DAY / MONTHLY**

**DATE OF MARKET:**

**LOCATION OF MARKET:**

**NUMBER OF STALLS:**

**HAS THE ORGANISER APPLIED FOR THE RELEVANT PERMISSIONS (WHERE APPLICABLE) FROM OTHER COUNCIL DEPARTMENTS?**

YES/NO

**DATE APPLICATION APPROVED/DENIED:**

**Phil Byers.**

 **Specialist-Markets Cumberland Council.**

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