



Clacton Carnival Association Ltd.



Please reply to: Clacton Carnival, 41 Severn Road, Clacton on Sea,
Essex, CO15 3RB Telephone 01255 425004 Email carnivalclacton@gmail.com

APPLICATION FORM TO ATTEND SUNDAY SHOW SUNDAY 10 AUGUST 2025

Event is starting at 10 am with Entertainment starting at 11 am will finish at 4 pm. No entry onto the field until 8 am and especially not without a Car Pass. All Vehicles to be off the Greensward by 6 pm. No Vehicle Movement while Members of the Public are on the Greensward.

Business name (if applicable) _____

Name of contact _____

Address _____

Postcode _____

Contact number _____

Email _____

Contact Name and Number for the Day _____

Category Group

D. Catering - Food to be Sold _____

Size of is Stall 3m x 3m - Prices available on request

GDPR Please sign if you are happy for Clacton Carnival Association to keep your details after Clacton Carnival week 2025 and for use in 2026, for carnival correspondence ONLY. Your details will not be shared with any other parties or organisations. If you wish to opt out and withdraw your consent, please let us know in writing or by email.

Signature _____

Date _____



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Information on carnival requirements to assist stall holders

Check list to help stall holders provide to carnival proof documents:

- Driver's Licence Number (must be a full Licence) _____
- Vehicle insurance Number _____
- Copy of Public liability insurance (£10 million)
- Copy of Stall/Product insurance
- Copy of Stall risk assessment in advance plus a copy for the event to bring along and display
- Copy of Hygiene Certificate

A letter outlining all the arrangements together with a map of the Greensward showing the position of your organisation's stall and a list of organisations taking part will be sent out to you in July/early August. If you have any queries arising from that or if there is anything else we can assist you with, please do not hesitate to contact us email

FOR CARNIVAL USE ONLY

Stall Approved/Denied/More Information	
Car Pass Issued	
Bank Details Issued	
Payment Received Date	