



# STALLHOLDER APPLICATION



Name: \_\_\_\_\_

Business Name: (If Applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

ABN/CAN: (If Applicable) \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Website: \_\_\_\_\_

Facebook: \_\_\_\_\_ Instagram: \_\_\_\_\_

Details of products/gifts you will be selling:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you require a powered site?  Yes  No  
*(Subject to availability. Please Note: All electrical equipment must be tested and tagged by a qualified Electrician)*

Will you be selling any food products:  Yes (See Below)  No

*If yes: All food stall operators must submit an approved "Notification to Council for temporary food stall" from MidCoast Council. If you do not have a current approval letter or a FSS Certificate, you are unable to set-up and trade as a temporary food business in the MidCoast Council area. The information you will need to supply to Council:*

*\*Current FSS Certificate*

*\*Public & Products Liability Insurance with a limit of indemnity of not less than \$20 million for any one occurrence*

*\*Most recent temporary Food Stall inspection report*

*\*Where a food vending vehicle is proposed to be used, Motor Vehicle Insurance with a limit of indemnity of not less than \$20M. MidCoast Council must be named as an interested party.*

INSURANCE – Certificate of Currency for Public & Product Liability

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Copy Provided:  Yes (If you do not provide a copy of your insurance, your application will be unsuccessful)

EVENT STALL FEES :

3m x 3m Unpowered \$30

3m x 3m Powered \$35

PAYMENT OPTIONS:

Stall fees are paid via direct deposit by COB on Monday 16<sup>th</sup> November, 2020

BSB: 932 000 Bank: Regional Bank of Australia Acct No: 100439947

Acct Name: Gloucester Farmers Market

(Please include your surname or business name as your reference)

\*If payment on the day of the event is required, please contact the Market Coordinators for approval pre-event

CONFIRMATION: Please tick that you have read  Market Charter  Site Induction

I declare that the above information is true and correct. I have read the Gloucester Twilight Christmas Community Market Charter and Site Induction and agree with the guidelines allowing participation at this event.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

If you would like to be a participating Stallholder please return this completed Stallholder Application, Risk Assessment, Insurance Information and Council Notification (if required) to [gloucestercommunitymarkets@hotmail.com](mailto:gloucestercommunitymarkets@hotmail.com) by Monday 16<sup>th</sup> November, 2020. You will be notified in writing if your application was successful.

PROUDLY PRESENTED BY  
THE GLOUCESTER BUSINESS CHAMBER  
& THE GLOUCESTER FARMERS MARKET

