

# Crystal Brook Country Market

Crystal Brook Showground, Railway Tce, Crystal Brook  
PO Box 156  
CRYSTAL BROOK SA 5523  
Mob: 0474 502 241 Email: crystalbrookcountrymarket@gmail.com

## APPLICATION TO TRADE

Trader's Name.....

Business

Name.....ABN.....

Postal Address.....

.....Post Code.....

Phone.....Mobile.....Email.....

Facebook / Website Name.....

Vehicle Registration Number.....  Require a car at site

Food Business Permit & Registration Number.....

Description of Goods offered for Sale:

.....

### SITE BLOCK REQUIRED (3m x 3m) – Tick appropriate box/es

- |  |  |
|--|--|
| <input type="checkbox"/> Indoors \$30.00/site (limited power available)                            | <input type="checkbox"/> Coffee Van \$50.00                |
| <input type="checkbox"/> Outdoors \$25.00/site<br>(To supply own marquee. Limited power available) | <input type="checkbox"/> Junior Site \$20.00 inc Insurance |
| <input type="checkbox"/> Mall \$25.00/site<br>(under verandah with no power)                       | <input type="checkbox"/> Power \$5.00                      |
|  | <input type="checkbox"/> Public Liability \$10.00          |

**TOTAL FEES:** \_\_\_\_\_

### I have read and agree to abide by the Crystal Brook Country Market rules (attached)

- All fees must be paid upon application to secure site no exceptions.
- Public and Product Liability Insurance Certificate have been provided to the Crystal Brook Country Market
- Food Business Permit Certificate and registration number has been provided to the Crystal Brook Country Market
- All Stall holders must provide copy of COVID safe plan
- All stall holders to remove their own rubbish and leave site clean and tidy

“Food Business Permit and Insurance as well as other liability for trader/stallholder activities at the Crystal Brook Country Market, are your responsibility. The organisers of the Crystal Brook Country Market are not responsible for any injury, loss or damage arising from your production, selling or participation at the Crystal Brook Country Market.”

Signed .....

Date .....

If paying by direct debit, please email a copy of EFT receipt to [crystalbrookcountrymarket@gmail.com](mailto:crystalbrookcountrymarket@gmail.com)

<b>BSB:</b> 015 693	<b>A/C No:</b> 602550050	<b>A/C Name:</b> Crystal Brook North Western Ag Society Inc
<b>Payment Reference:</b>	Include Surname or Business Name and “Market”	

Office use only:

Date / /

INSURANCE RECEIVED Y / N

FOOD BUSINESS PERMIT REQUIRED Y / N

PAYMENT RECEIVED Y / N

FOOD BUSINESS PERMIT RECEIVED Y / N

PAYMENT RECIEPT #.....

COVID SAFE PLAN Y / N

STALL NUMBER #.....