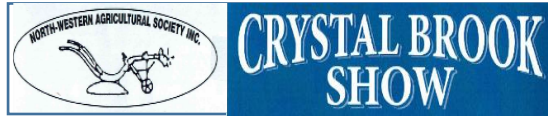


Attention: Secretary
 Crystal Brook Show
 PO Box 159
 CRYSTAL BROOK SA 5523
 Mobile: 0474 502 241
 Email: secretary.cbshow@gmail.com



Please note: Applications from Catering Vans will not be accepted. Catering services are provided by the Showman's Guild SA and our local sporting bodies as their major fundraiser.

TRADE SITE APPLICATION

Coffee Vans

Saturday 13th AUGUST 2022

(To be received by Friday 22nd July 2022)

APPLICANT NAME:				
SITE BUSINESS NAME:			ABN	
NAME OF SITE COVID MARSHAL			Mobile	
COVID MARSHAL CERTIFICATE NO.:			COVID SAFE PLAN REF NO.:	
ADDRESS:				
TELEPHONE NUMBERS:		A/H	Mobile	
EMAIL:				
DETAILS	SIZE	COST	NO. REQUIRED	TOTAL COST
Mobile Coffee Vender 2 admission tickets provided	3m x 3m	\$200.00		
POWER – Cord must be an approved outdoor power cord with a limit of 10 amps, tested and tagged. COST INCURRED PER POWER POINT		\$20.00 per power point		
8' TRESTLE		\$15.00 each		
CHAIR		\$2.00 each		
Additional Admission Tickets		\$10.00 per adult \$8.00 per concession \$5.00 per child (5-17yrs)		
			TOTAL	\$
To be completed in case of refund. If event is cancelled due to COVID19, a refund will be given, less a \$20.00 admin fee				
Your banking details BSB: _____ Account Number: _____				

The fees must accompany the application form or be paid by EFT at the time of lodging the application. If paying by EFT, please email a copy of the EFT receipt to nwastreasurer@gmail.com and a Tax Invoice and Receipt will be issued. Once paid, you will receive a Pass for one person and a vehicle.

PAYMENT DETAILS

Payment of \$ _____ Cheque EFT (Include your name/business name as reference)

EFT Details:

Account Name: North Western Agricultural Society Inc BSB: 633-000 Account Number: 182714600

Please use Business name/Surname as reference

Important Note

All applications must include a current SA Government COVID Safe Plan and Public/Product Liability Certificates of Currency. Any applications without this information attached will not be accepted.

SA Government COVID Safe Plan Insurance Certificate of Currency

I acknowledge that it will be the responsibility of the business/person listed on this form to ensure our site is at all times compliant with our SA Government COVID Safe Plan, including supplying hand sanitizer and COVID Marshal at all times.

Date: ____ / ____ / ____ **SIGNATURE:** _____

I, the trader or their representative, hereby apply to be licensed to trade and agree to abide by the terms and conditions as set out in the General Rules and Condition of Entry.

Date: ____ / ____ / ____ **SIGNATURE OF APPLICANT:** _____

<p>Office Use only</p> <p>Invoice No:</p> <p>Receipt No:</p> <p>Pass issued:</p> <p>Insurance Public <input type="checkbox"/> Product <input type="checkbox"/></p> <p>COVID Safe Plan <input type="checkbox"/></p>
