## 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**

Business Name			A	BN			
Facebook / Web	site Name						-
Vehicle Registra	ation Number		□ Requ	uire a car at site			
Food Business I	Permit & Regist	ration Number					
Description of G		r Sale:					-
SITE BLOCK R	REQUIRED (3m	x 3m) – Tick appro	priate box/es				
☐ Indoors S	\$20.00/site (limit	ted power available)		Coffee Van	\$50.00		
☐ Outdoors ﴿ (To supply own m	\$15.00/site arquee. Limited p	ower available)		Junior Site Power	\$15.00 ind \$5.00	c Insuranc	e
☐ Mall \$	•	er verandah with no p e - \$5 <u>discount</u>	oower) 🗆	Public Liability	\$10.00		
			TC	TAL FEES:			
<ul> <li>I have read and agree to abide by the Crystal Brook Country Market rules (attached)</li> <li>Crystal Brook Country Market is a sub-committee of North Western Agricultural Society Inc</li> <li>All fees must be paid upon application to secure site - no exceptions.</li> <li>Public and Product Liability Insurance Certificate have been provided to the Crystal Brook Country Market</li> <li>Food Business Permit Certificate and registration number has been provided to the Crystal Brook Country Market</li> <li>All Stall holders must provide copy of their COVID safe plan</li> <li>All stall holders to remove their own rubbish and leave site clean and tidy</li> <li>"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  Date  If paying by direct debit, please email a copy of EFT receipt to crystalbrookcountrymarket@gmail.com</li> </ul>							
BSB: 633 000 Payment Refer		No: 182 714 600 Surname or Business		North Western A	gricultural S	ociety Inc	
Office use only		Surname or Business	TVAITIE ATIU IVIA	ii net	Date	/ /	
INSURANCE REC	CEIVED \	//N	FOOD BUS	SINESS PERMIT RE	EQUIRED	Y/N	
PAYMENT RECEI	IVED Y	7/N	FOOD BU	SINESS PERMIT R	ECEIVED	Y/N	
PAYMENT RECIE	PT #		COVID SA	FE PLAN		Y/N	

STALL NUMBER #.....