



STALLHOLDER APPLICATION

STREET FOOD

FARMERS MARKET

DATE:

BUSINESS NAME:

ABN:

CONTACT PERSON:

CONTACT DETAILS:

Address for Correspondence:
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.....
.....

Phone:

Mobile:

Email:

Website:

Facebook:

PUBLIC LIABILITY INSURANCE

I confirm that I have a current \$10 Million Market Traders Public Liability Insurance policy.

Policy #:

Current until:

*Please attach a copy of your policy with this application.
Please note, this must be Market Traders Public Liability Insurance, not Business Public Liability Insurance.*

PERMITS & LICENCES

I have the relevant permits and licenses to operate a food service stall on the Sunshine Coast.

Please attach a copy of your licences with this application.

NOTES AND REQUESTS:

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CONFIRMATION:

I, (full name)

as a representative of
confirm that the details supplied are true and correct.

Signed: Date:

