

Real Food Limestone Coast

Farmers & Makers Market

Application to Trade 2017-2018

1. Applicant Details			
Date			
Name			
Address			
Town			
State		Postcode	
Phone		Mobile	
Email			
Emergency Contact		Phone	
2. Business Details			
Business Name			
Trading As			
ABN			
Business Address			
Town			
State		Postcode	
Are you a member of Limestone Coast Food Group?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Stall Details			
3.1	Names of stall operators		
3.2	Do you have your own public & product liability insurance?		
<input type="checkbox"/> No - go to question 3.3. <input type="checkbox"/> Yes - Please provide a copy of your certificate of currency			
If yes -	Amount of cover for public liability?		
	Amount of cover for product liability?		
	Name of insurance company/broker		
	Expiry date		
3.3	How many sites do you require? NB Sites are minimum 3m x 3m outside and 3m x 2m inside at Robe		

3.4	Do you require power? The amount of power available is very limited.	<input type="checkbox"/> Yes	<input type="checkbox"/> No - go to question 4.
	If yes - number of outlets needed.	10 amp	15 amp
Please list all equipment needing power, and the amount of power drawn from each. All electrical equipment must be tested and tagged by an electrician. If not enough space, please provide a separate sheet of paper			
			amps
			amps
			amps
4. Which category of products will you be selling? You may tick more than one category.			
4.1	<input type="checkbox"/> Fresh Produce	eg fruit, vegetables, meat, eggs (out of season produce must not be sold)	
Please list everything that you will be selling during the application period for this category			

Are your products certified organic? <input type="checkbox"/> No <input type="checkbox"/> Yes - please provide a copy of your certificate			
Did you grow all the above produce yourself? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If you wish to sell eggs, have you applied for accreditation? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, please provide you accreditation number.			
4.2	<input type="checkbox"/> Value added foods	eg cheese, wine, cakes, oils, smallgoods	
Please list everything that you will be selling during the application period for this category			

Did you grow or produce any of the ingredients yourself? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Did you value add any of the above goods yourself? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If selling wine, you will need to provide a copy of a temporary liquor license for each market you attend.			
4.3	<input type="checkbox"/> Hot or cold food or drinks for immediate consumption		
Please list everything that you will be selling during the application period for this category			

Do you grow or produce any of the ingredients yourself? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Are any of your ingredients sourced from Limestone Coast Producers? <input type="checkbox"/> No <input type="checkbox"/> Yes			

4.4	<input type="checkbox"/> Maker - Art & Craft items	Non food items eg clothing, soaps, wood work, books etc.
Please list everything that you will be selling during the application period for this category		

Do you make all of the products yourself? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If no, what percentage of your goods did you make?	_____
Where did you source the products you didn't make?	_____
Regarding the products you didn't make, why do you wish to sell these products at the Limestone Coast Farmers & Makers Markets?	_____ _____

4.5	<input type="checkbox"/> Acting as an agent for other Limestone Coast producers?	
Please list the producers for which you will be acting as an agent (maximum of 2) and which category of product this falls in, eg fresh, value added or for immediate consumption.		
1.	_____	_____
2.	_____	_____

4.6	Is there anything else you wish to sell at the LC Farmers & Makers Markets that you have not listed anywhere above? Please list below.

5. If you are selling food products of any sort ..

Which council area are you registered in?	_____
What is your food notification number?	_____
Have you participated in a safe food handling course?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of the requirements of trading from a temporary food premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Declaration

As an approved stallholder I have read and agree to abide by the Limestone Coast Food Group Farmers & Makers Market Charter and the Terms and Conditions as determined by the Market Management Committee. I understand that if I am found to be trading outside of this charter and any other terms & conditions, the Market Manager may advise me of points of contravention for me to address. Failure to address and correct these issues may result in my application to trade being revoked.

Applicants Signature	_____	Date	_____
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**Please email this completed form, together with any supporting documentation, to the LCFG Market Manager at market@limestonecoastfood.com.au
Or post to PO Box 85 Robe 5276**