

Casual Stallholder Application Form

First Name: _____ Surname: _____

Trading Name/Stall Name: (if different) _____

Postal Address: _____ Post Code: _____

Phone Number: _____ Mobile: _____

Email Address: _____

BRIEF DESCRIPTION OF GOODS TO BE SOLD

Do you require electricity? YES / NO

Requested commencement date: Thursday ____ / ____ / 200__

FOOD STALL

Have you contacted the Fraser Coast Regional Council's Environmental Health Officer?
YES / NO Food Hygiene License Number: _____

PUBLIC LIABILITY INSURANCE POLICY

Company Name: _____ Policy Number: _____
Expiry Date: _____ Amount Insured: _____

NB: It is a condition of entry to Maryborough Heritage Markets that stallholders have a minimum of \$10Million Public Liability Coverage.

I have received a copy of the Maryborough Heritage City Markets Policy and Procedures. I have read and understand these documents and agree to abide by them.

Signed _____ Date _____

Please attach a copy of your Insurance Policy, and Food Hygiene license (if applicable) and return completed application to:

Fax: 4123 2533

Post to: PO Box 1943 Hervey Bay 4655

Email: markets@frasercoast.qld.gov.au

Maryborough Heritage City Markets

Phone: 1800 881 400

Email: markets@frasercoast.qld.gov.au

Mobile: 0419 674710

Web: www.frasercoast.qld.gov.au