

# STALLHOLDER APPLICATION



## PART 1 APPLICANT DETAILS

COMPANY NAME

CONTACT NAME

MAIL ADDRESS

FARM/BUSINESS ADDRESS

TELEPHONE BUSINESS

TELEPHONE AFTER HOURS

MOBILE

FAX

EMAIL

ABN

BUSINESS TRADING NAME (if different to company name)

WEBSITE

FACEBOOK

TWITTER ADDRESS

FREQUENCY OF ATTENDANCE

Weekly

Three Times

Twice Month

Monthly

## PART 2 TRADING REQUIREMENTS

**DO YOU REQUIRE ELECTRICITY FOR YOUR STALL?  
PLEASE INDICATE IF YOU NEED 3-PHASE OR  
SINGLE-PHASE POWER.**

All electrical leads and extension cords must be tested & tagged.  
Please provide test due dates.

Single-Phase  NO  
 3-Phase

Electrical leads test due date:

Please attach additional form if required.

**DO YOU USE A REFRIGERATED DISPLAY  
CABINET AS PART OF YOUR STALL?**

YES  NO

**DO YOU NEED TO USE GAS?  
IF YES, PLEASE STATE WHAT TYPE OF GAS AND  
THE CAPACITY OF THE GAS CYLINDER.**

YES  NO

Type:

Capacity:

Gas compliance certificate no:

**DO YOU INTEND TO COOK WITH GAS OR  
ELECTRICITY? IF SO, YOU MUST PROVIDE THE  
FOLLOWING SAFETY EQUIPMENT AT YOUR SITE:  
GAS – FIRE EXTINGUISHER & FIRE BLANKET  
ELECTRICITY – FIRE BLANKET**

Gas:  YES  NO

Electricity:  YES  NO

**WILL YOU BE USING/TRINGING  
ANY HAZARDOUS SUBSTANCES?**

If Yes, please list.

YES  NO

1

2

3

**NUMBER OF STALL SPACES (3mx3m) or (6mx6m)**

Stallholders are required to provide their  
own stall and weight bags.

## PART 3 COSTS & PAYMENT DETAILS

### STALL COSTS

(GST inclusive)

- Single stall – \$82.50
- Double stall – \$102.50
- Hot Food Stall - \$115.50

### INVOICING AND PAYMENT METHOD

Your first invoice will be generated upon receipt of this form. Further invoices will then be generated for each trading day.

Payment must be made at each trading day, and can be made through the following payment options:

- EFTPOS, on trading day
- Credit card (online)
- Over the counter at the City of Parramatta Council office

## PART 4 PRODUCE & PRODUCTS

In reasonable detail describe what you produce and wish to sell. Where possible, please include product brochures or photographs, as well as any certification for your product. (eg HACCP, Olive Care).

Please also indicate when your produce is available on the attached **Seasonal Produce Calendar**.

## PART 4 PRODUCE & PRODUCTS, CONTINUED

### ORGANIC PRODUCE

If your produce is organic, please advise certifying body and certification number:

Certifier Name:

Certificate Number:

### PACKAGING

Do you use recyclable/ degradable packaging?

YES

NO

## PART 5 COMPLIANCE CERTIFICATES & REGISTRATIONS

### FOOD BUSINESS

Businesses must notify the NSW Food Authority if they wish to trade at the Parramatta Farmers' Market, and complete the relevant notification form. All temporary food businesses need to be notified to the NSW Food Authority.

To trade at the market it is necessary for you to make yourself aware of the requirements of the NSW Food Authority. And, if necessary register and notify the Authority of your business.

[www.foodnotify.nsw.gov.au](http://www.foodnotify.nsw.gov.au)

NSW Food Authority Number:

**Note:** Copy of the certificate is to be attached.

### INSURANCE

**It is the stallholder's obligation to take out public liability and product liability insurance.**

To become an approved Stallholder it will be necessary to provide Parramatta Farmers' Market with copies of Certificates of Currency, for the minimum sum of \$20 m public liability and \$20m product liability cover.

Stallholders will also be required to have Workers Compensation if they are a Propriety Limited company or employ staff to work on their stall. If you have any of the above insurances, copies should be available on request. If you do not have public liability insurance you will be required to take out the required cover **before** you can trade at the Market.

1 Public Liability

Expiry Date:

### VEHICLE PARKING

Can you please advise the details of the vehicle(s) you will be bringing to the market.

Registration No:

Make:

Size:

## PART 6 APPLICANT DECLARATION

I declare that the information in this application and the attached forms is to the best of my knowledge true and correct.

Signature:

Name:

Date:

## PART 7 COUNCIL OFFICER DECLARATION

I declare that this application (and associated forms) is, to the best of my knowledge, complete including all compliance documentation.

Signature:

Name:

Date:

### MORE INFORMATION?

#### Please contact

Market Manager  
Parramatta Farmers' Market  
T: 02 9806 5315  
E: [markets@cityofparramatta.nsw.gov.au](mailto:markets@cityofparramatta.nsw.gov.au)

### FORM RETURN

Please send your completed application for assessment to:

#### Mail

Market Manager  
Parramatta Farmers' Market  
PO Box 32  
Parramatta NSW 2124

#### Email

[markets@cityofparramatta.nsw.gov.au](mailto:markets@cityofparramatta.nsw.gov.au)