

## Farmers & Makers Market

## Application to Trade 2023-2024

1. Applicant Details							
Date							
Name							
Address							
Town							
State			Postcode				
Phone			Mobile				
Email							
Emergency Contact				Phone			
2. Busines	s Detail	ls					
Business Name							
Trading As							
ABN							
Business Address							
Town							
State			Postco	ode			
Are you a member of		Limestone Coast Food Group?	☐ Yes	; I	□ No		
3. Stall De	tails						
Names of stall operators							
3.2 Do you have your own public & product liability insurance?							
$\square$ No - go to question 3.3. $\square$ Yes - Please provide a copy of your certificate of currency							
	Amoun	t of cover for public liability?					
If yes -	Amoun	t of cover for product liability?					
	Name o	of insurance company/broker					
	Expiry	date		_			
How many sites do you require?  NB Sites are minimum 3m x 3m outside and 3m x 2m inside at Robe  Inside  Outside							

Do you require power?  The amount of power available is very limited.	Yes 1	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 by each applicance.  All electrical equipment must be tested and tagged by an electrician.  If not enough space, please provide a separatesheet of paper. Power is generally only available for outside stalls								
		Amps						
		Amps						
		Amps						
4. Which category of products will you b	e selling? You may	tick more than one category.						
4.1  Fresh Produce eg fruit, vegetables, n	neat, eggs (out of sea	son produce must not be sold)						
Please list everything that you will be selling d	luring the applicatio	n period for this category						
Are your products certified organic? No	Yes - please provid	e a copy of your certificate						
Did you grow all the above produce yourself? No Yes								
If you wish to sell eggs, have you applied for accreditation? No Yes								
If yes, please provide you accreditation number.								
4.2	, wine, cakes, oils, sn	nallgoods, etc.						
Please list everything that you will be selling d	luring the applicatio	n period for this category						
Did you grow or produce any of the ingredients y	ourself? No	Yes						
Did you value add any of the above goods yourse	lf? No	Yes						
If selling alcohol, a temporary liquor license for each market attended.								
4.3  Hot or cold food or drinks for immediate consumption								
Please list everything that you will be selling d		n period for this category  Yes						
Do you grow or produce any of the ingredients yo								
Are any of your ingredients sourced from Limesto	one Coast Producers	? No Yes						

4.4 ☐ Maker - Art & Craft items	Non food items	on 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? No Yes								
If no, what percentage of your goods did	•							
Where did you source the products you di	dn't make?							
Regarding the products you didn't mal								
you wish to sell these products at the Coast Farmers & Makers Markets?								
4.5 Acting as an agent for other		•						
Please list the producers for which you category of product this falls in, eg fre		-	,	•				
1.								
2.								
Is there anything else you wish to sell at the LC Farmers & Makers Markets that you								
have not listed anywhere abov	e: Please list	below.						
5. If you are selling food produc	cts of any so	ort						
Which council area are you registered								
What is your food notification number								
Have you participated in a safe food h		e? Yes	 ; 1	No				
Are you aware of the requirements of	trading from a	a Yes		No				
temporary food premises?		10.		10				
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 for me to address. Failure to address and correct th	& conditions, the M	Market Managei	r may advise	me of points of contravention				
Applicants Signature			Date					
11 5								
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 SA 5276								