

VENDOR APPLICATION FORM 2008-09
FARMERS MARKETS
PERMACULTURE CABOOLTURE
CREEC - 150 ROWLEY RD BURPENGARY



CONTACT DETAILS

Name: _____ Surname: _____

Trading Name: _____ ABN: _____

Postal Address: _____

_____ Postcode: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

PUBLIC LIABILITY INSURANCE

Insurance Company: _____

Policy Number: _____ Expiry Date: ___/___/___

FOOD SAFETY

Food Handlers Certificate Number: _____ Expiry Date: ___/___/___

Site Preparation Certificate Number: _____ Expiry Date: ___/___/___

ORGANIC LEVEL

- Level 1 - Certified Organic
- Not Applicable
- Level 2 – In Conversion
- Level 3 – Pre-certification
- Level 4 – Chemical Free

*Certifying Organisation: _____

Certificate Number: _____

Expiry Date: ___/___/___

**Only required for levels 1, 2 & 3*

SITE TYPE

- 1.5m x 1.5m - \$10 3m x 3m - \$20 6m x 3m - \$40 9m x 3m - \$60
- Powered - extra \$5 (15 or 10 amp options, NB: these sites are limited)
- Other: _____

ATTENDANCE

- 1st Saturday of the month 3rd Saturday of the month
- All Year Seasonal or Other:
- _____

PRODUCTS & PRODUCE

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Information/Education | <input type="checkbox"/> Entertainment: |
| <input type="checkbox"/> Beauty | <input type="checkbox"/> Health | <input type="checkbox"/> Artworks |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Household | <input type="checkbox"/> Gardening Supplies |
| <input type="checkbox"/> Plants | <input type="checkbox"/> Seeds | <input type="checkbox"/> Cut Flowers |
| <input type="checkbox"/> Fruit | <input type="checkbox"/> Vegetables | <input type="checkbox"/> Tea / Coffee |
| <input type="checkbox"/> Drinks | <input type="checkbox"/> Sweets | <input type="checkbox"/> Jams / Preserves |
| <input type="checkbox"/> Meats | <input type="checkbox"/> Pre-package Food | <input type="checkbox"/> Prepared Food |
| <input type="checkbox"/> Other: _____ | | |

SIGNATURE

I have enclosed copies of the following:

- | | |
|--|--|
| <input type="checkbox"/> Public Liability Insurance Policy | <input type="checkbox"/> Organic Certification |
| <input type="checkbox"/> Food Handlers Certificate | <input type="checkbox"/> Food Preparation Site Certificate |
| <input type="checkbox"/> Other _____ | |

I have read and accept the terms and conditions as stated in the Vendor Charter.

Name: _____

Signature: _____

Date: ___/___/_____

Send your completed application and copies of your supporting documents to:

Farmers Markets Vendor Coordinator

**c/o CREEC
150 Rowley Rd
Burpengary Q 4505**