|  |  |  |  |
| --- | --- | --- | --- |
| **FIRST NAME: LAST NAME:** | | | |
| **BUSINESS NAME:** | | | |
| **Country of Birth:** | | **Visa Type:** | |
| **Mobile Number:** | | **Email Address:** | |
| **Do you have an**  **ABN number** | Yes  No | | **Please provide number:** |
| **Do you have public liability**  **Insurance?** | Yes  No | | **Please attach copy** |
| **If you are a food stall, do you have a licence to operate?** | Yes  No | | **Please attach copy** |
| **Do you have a COVID Safe Plan?** | Yes  No | | **Please attach copy** |
| **Have you ever had a business:**  Yes  No **If yes, give a brief description:** | | | |
| **Please describe your business and any particular requirements from a stall e.g. power point** | | | |

**Declaration of Understanding**

If I am selected to participate in this market, I understand that:

* I will need to pay $10 per month for a stall
* I will commit to a minimum of 3 markets commencing March. First Saturday of every month 9.30am to 2.00pm (plus set up an pull down time

☒ I …………………………………………………………………… (Full name) understand and agree to the above

Date: \_ \_ / \_ \_ / \_ \_ \_ \_ (ticking box acts as a signature)

* Once complete please email to [julie.race@aohtas.org.au](mailto:julie.race@aohtas.org.au) **by 8th February 2021**