



**KALAMUNDA  
FARMERS MARKET**

**APPLICATION TO TRADE AT THE  
KALAMUNDA FARMERS MARKET**

**May 2009**

Business Name.....  
ABN.....  
Stallholder's Full Name: .....  
Postal Address: .....  
Address of farm/business location: .....  
Phone: Day/Business:.....Phone: A/H .....  
Mobile:.....  
Fax:.....  
Email:.....

As a Stallholder, I agree to the following conditions:

I have read and agree to abide by the Market Rules.

I have read the ANZFSFA Fact Sheet in respect to Food Labels and agree I am solely responsible for ensuring I meet the requirements set out on the fact sheet.

I hold a current Product & Public Liability Insurance Policy which specifically includes cover at the Kalamunda Farmers Market ("Market"). I have provided a copy of my current Certificate of Currency to the Market Manager.

I understand that a representative of the Market may, by appointment, visit our farm/business location to verify compliance with the Market Rules.

My produce preparation location has been passed by the relevant health authority as suitable for the preparation of food stuffs for sale in the Market.

Any organic produce that I intend to sell at the Market is Certified Organic by a relevant authority (please name the authority and provide a copy of relevant certification).

Name of Authority: .....

Certificate Identification Number: .....

The Market and the Kalamunda Chamber of Commerce, their directors, employees, servants or agents or any other person will not be under any liability in tort or contract or otherwise (including but not limited to acts of negligence, breach of duty, default and/or admissions) for any loss of income or damage by any stallholder as a result of any stallholder participating in the Market in any way and for any loss of life and/or personal injury to any person and/or damage to any property (whatsoever occurring) arising from or out of any accident, occurrence or event at the Market, Central Court, Kalamunda, Western Australia.

**I have read and agree to comply with the above conditions as part of my Application to Trade at the Market. I wish to start trading at the Market on: Date: ...../...../.....**

**Stallholder Signature: ..... Print Name: .....Date ...../...../.....**

**Stallholder Signature: ..... Print Name: .....Date:...../...../.....**

Please forward to: Kalamunda Farmers Market Manager, PO Box 417, Kalamunda, WA 6076 or email farmersmarket@kalamundachamber.com

Please list the full range of produce you intend to sell at the Market and the months the produce is available. Please note that no other produce other than that listed below is permitted. Should you wish to alter the produce offered, you must submit a revised application to the Market Manager.

<b>Month Produce (Please list type &amp; variety)</b>	<b>Weekly/Fortnightly/Monthly</b>
<b>January</b>	
<b>February</b>	
<b>March</b>	
<b>April</b>	
<b>May</b>	
<b>June</b>	
<b>July</b>	
<b>August</b>	
<b>September</b>	
<b>October</b>	
<b>November</b>	
<b>December</b>	