



APPLICATION FOR A GOSFORD CITY GROWERS MARKET LICENCE TO TRADE

Name of business/organisation:

Business trading name

(this name will feature on signage)

Contact name

Business ACN/ABN:

Postal address:

.....

Business address

.....

Website/email address:

Phone number: Mob.....

Fax number:

Privacy statement:

In accordance with the Privacy Act 1988 (and subsequent amendments) GCGM draws your attention to the following:

- by providing the information requested you agree to us collecting, using and disclosing your personal information as disclosed on the **first page only** of this member registration form
- the information provided may be disclosed to third parties including but not limited to, media outlets, local, state and federal government departments and agencies, tourism organisations, other market organisations, food groups, restaurants etc.
- you have the right to request access to, and correct, any personal information that we hold about you subject to the provisions of the Privacy Act 1988
- to assist GCGM in maintaining correct records please inform us of any changes in your personal information provided as they occur.

I agree that GCGM can use information provided by me in the manner outlined above:

Signed:..... Dated:.....

SITE REQUIREMENTS Please indicate your site requirements by ticking the relevant box

SCHEDULE OF MONTHLY SITE FEES – please nominate your choices

Standard: 3m x 3m one site <input type="checkbox"/> <i>(fete stall not included)</i>	\$75.00 (excl gst)
Standard: 3m x 3m one site <input type="checkbox"/> <i>(includes fete stall)</i>	\$ 150.00 (excl gst)
Vehicle on site <input type="checkbox"/>	\$20.00 (excl gst)
Power facilities 10 amp <input type="checkbox"/> 3 phase <input type="checkbox"/>	\$5.00 (excl gst)
Hire of trestle table <input type="checkbox"/>	\$5.00 (excl gst)
Gosford City Growers Market discounted rate customised signage <input type="checkbox"/> <i>(normal price \$220)</i>	\$120.00 (excl gst)

Please list any other specific requirements: _____

Please indicate your category:

- farmer/gardener – someone who grows or produces fresh food
- producer – someone who makes food using locally grown produce.

Office use only

Total fee amount \$ _____ date invoice sent _____ date payment received _____

Invoice number _____

PRODUCE INFORMATION

GCGM CATEGORIES FOR MARKET PRODUCE

Please circle the category/s from which you will be selling products:

VEGETABLES

HONEY

WINE/OTHER BEVERAGES

FRUIT

OLIVE/SEED OIL PRODUCTS

BREAKFAST STALL

MEAT

JAMS/PRESERVES/CONDIMENTS

ANIMAL FOOD

FISH/SEAFOOD

COFFEE

FLOWERS

DAIRY

BAKERY/YEAST PRODUCTS

PLANTS/HERBS/SEEDLINGS

NUTS/GRAINS

CAKES, BISCUITS, PASTRIES

COMPOST

POULTRY/EGGS

BAKED PRODUCTS

FRESH PRODUCE AND PRIMARY PRODUCE

Please indicate the produce you anticipate having available for sale, estimating the seasonal availability:

Produce that is available ALL YEAR	Spring produce <i>Sept Oct Nov</i>	Summer produce <i>Dec Jan Feb</i>	Autumn produce <i>Mar Apr May</i>	Winter produce <i>Jun Jul Aug</i>

Please include photocopies of the documents listed that are relevant to your application;

- Insurance certificate of currency
- Local council licence/(registration) for food production and sale/local council food safety assessment certificate
- HACCP certificate
- Organic/biodynamic certificate of registration
- Name of certifying organisation
- Relevant industry permit/licence, eg dairy, meat

Acceptance of Gosford City Growers Market Inc. code of practice and rules

I have read, understand and agree to abide by the GCGM Inc. code of practice and rules, dated this ___/___/2010.

I understand that this application is accepted by GCGM at the discretion of the Committee, and that such acceptance will be confirmed within 7 days following the next monthly Committee meeting.

Furthermore, I hereby declare that the information provided in this application is correct and that I have not knowingly used any GMO ingredients in my products.

I declare that I have not engaged in the reselling of any product offered for sale on my stall.

I agree to indemnify the GCGM from any damage, claim, proceeding, law suit, action, order judgement, settlement, expense, cost or liability arising from or in relation to any action, negligence or failure on the part of the Vendor their employee or agent causing any loss, injury or damage, including any consequential damage or loss to any person or entity, including other Vendors, the general public, the Vendor or others, whether such action, negligence or failure occurs in the space occupied by the Vendor or elsewhere but arises out of the Vendor's occupancy or any thing connected with its occupancy.

Signed: Date

Name:

Acknowledged and approved by GCGM:

Signed: Date