Stallholder Application Form

Contact Details	
First Name:	**Last Name:**
Mobile No:	Landline No:
Email Address:	
Company Name (if any):	ABN No (if any):
Market Trading Name:	

Compliance Details		
Do you need to apply for a Temporary Food Stall Licence from Brisbane City Council?		Yes ☐ No ☐
If No, Licence Number:		
Expiry Date:	____/____/____	
Do you have Public Liability Insurance?		Yes ☐ No ☐
If Yes, Insurance Company:		
Expiry Date:	____/____/____	

Product Details	
Food/Beverage Stall - Menu	**Price**
1.	
2.	
3.	
General Stall - Product/Service Type	**Price Range**

Stall Details (Your application will be reviewed by management)	
Please indicate the space you wish to apply for	**Power: We have limited power, please tell us in detail about your power needs.**

1 Space 2.5m x 5m ☐	Do you need power? Yes ☐ No ☐
2 Spaces 5m x 5m ☐	State your power requirement in AMPS if known:
3 Spaces 7.5m x 5m ☐	
4 Spaces 5m x 10m ☐	Do you need Bin Service? Yes ☐ No ☐

SIGNED: _____ Date: _____/_____/_____

This form is confidential; none of this information is divulged.

Please return this form via email info@vegverse.org or fax (XX) XXX XXXX.