



Malak Marketplace

LOCAL & ORGANIC FARMERS' MARKET

e-mail: malakmarketplace@gmail.com

ARTS/CRAFT STALL APPLICATION

For a "PERMIT TO TRADE" AT THE MALAK MARKETPLACE DURING
4th May - 26 October 2019

(OFFICE USE ONLY)

Date of application __ / __ / __

STALL NUMBER

Stall/business name:

Stall owner's name:

Partner's name:

Postal Address:

Home Address:

Work phone:

Home phone:

Mobile:

fax:

Email:

/ABN:

Are you present in any other markets:

SITE FEES

ART STALL

Roadway (facing the piazza area):

2X3	10 + \$10 powerlead
3X3	15 + \$10 powerlead
4X4	20 + \$10 powerlead
6X4	25 + \$10 powerlead

Piazza Area:

3X3	\$40 + \$10 power lead (15amp)
4X3	\$50 + \$10 power lead (15amp)
6X3	\$60 + \$10 power lead (15amp)

- 20% discount on monthly upfront payments paid on the Tuesday before Market day.
- 30% discount on 6 months' upfront payment paid on the Tuesday before first Market day (4th of May 2019)

Stallholders must comply with work safety regulations and bring their own lighting after sunset. We highly encourage you to use solar powered lights so you will not need to access a power outlet and be charged \$10.

Please list the vehicle registration(s) for owners and workers:

My goods are:

hand made by me (%) : hand made by others (%)

Australian made (%) : imported (%) : factory made (%)

MENU : (PLEASE LIST IN DETAIL BELOW, *EVERY* PRODUCT WHICH YOU WANT TO SELL ON YOUR STALL)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21.
- 22.
- 23.
- 24.
- 25.

13.

26.

(If you run out of space you may attach an extra list or menu description)

The Market area is a designated **‘Dog Free Area’** and **smoking is not allowed** near the food stalls or dining areas of the Market.

You will need to unpack your stall contents from your vehicle and move it away from the parking areas close to the Market.

I/ We, whose signatures appear below, agree to abide by the Rules and Regulations of The Malak Marketplace, Darwin City Council, Power and Water Authority, NT Health Department and understand that my/our Permit To Trade may be suspended or withdrawn if any of these regulations are breached by us or our stall employees/helpers.

Applicants’ Signature:

Date: __/__/__

Partner’s signature:

Date: __/__/__

Coordinator’s signature:

Date: __/__/__