



Townsville Rotary Markets

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COTTERS MARKET APPLICATION FORM

Yes. I have read and understood the Cotters Markets Regulations as found on the Townsville Rotary Markets website – www.townsvillerotarymarkets.com.au I agree that, should my Application be accepted, my approval to occupy a stall at the Market is conditional on my compliance with the Regulations. I confirm that the below information is true and accurate. I will advise Townsville Rotary Markets of any changes to the above details within 14 days.

As Manager of the Cotters Markets, the Rotary Club of Thuringowa Central, trading as Townsville Rotary Markets, will assess all applications and advise applicants as to whether they have been selected for a site. We reserve the right not to enter into correspondence or otherwise explain the reasons for our decisions.

TRADING NAME or ENTITY:	
STALLHOLDERS NAME:	
POSTAL ADDRESS:	
HOME ADDRESS: If the same as postal write AS ABOVE	
HOME PHONE:	
WORK PHONE	
MOBILE:	
EMAIL: (Applicants MUST have a valid email address)	
Vehicle Model & Colour:	
Vehicle Registration No:	
Public Liability Insurance	YES - Attach copy of Cert. of Currency NO
<input type="checkbox"/> I wish to be a Regular Stallholder and understand I must attend 4 consecutive weekly/fortnightly markets to be eligible	<input type="checkbox"/> I wish to be a Casual Stallholder Commencing on

CONTACT DETAILS:

I agree to allow my contact details to be available to enquirers. Yes No

SIGNED _____ DATE _____

How would you best describe your product/s?

Tick all that apply

Fruit/vegetables/coffee beans/ herbs/spices	<input type="checkbox"/>	Plants/garden accessories	<input type="checkbox"/>	Baby/children's clothes/ baby accessories	<input type="checkbox"/>
Preserves/jam/sauces	<input type="checkbox"/>	Baked goods	<input type="checkbox"/>	Confectionary/nuts	<input type="checkbox"/>
Oils/Soaps/Candles/incense	<input type="checkbox"/>	Apiary products	<input type="checkbox"/>	Painting/graphic art/ photography	<input type="checkbox"/>
Sculpture/ceramics/textiles glass/mosaic/pottery	<input type="checkbox"/>	Embroidery/sewing/ knitting/crochet	<input type="checkbox"/>	Clothing/shoes fashion accessories	<input type="checkbox"/>
Community/business information	<input type="checkbox"/>	Woodwork/leatherwork/ basketry	<input type="checkbox"/>	Children's activities	<input type="checkbox"/>
Wine	<input type="checkbox"/>	Furniture	<input type="checkbox"/>	Health products	<input type="checkbox"/>
Paper Products	<input type="checkbox"/>	Toys/doll's clothes	<input type="checkbox"/>	Beauty/relaxation	<input type="checkbox"/>
Jewellery/gemstones	<input type="checkbox"/>	Homewares	<input type="checkbox"/>	Cosmetics	<input type="checkbox"/>
Food & drink (takeaway)	<input type="checkbox"/>	Souvenirs	<input type="checkbox"/>	Sporting equipment	<input type="checkbox"/>
Indigenous art and craft	<input type="checkbox"/>	Tourism Product	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other (please specify)

PRODUCT LIST

Please list your complete product list. Use additional sheets if necessary.

Using the following legend, please tick the appropriate boxes:

Type S: Self Made (made by you)
 H: Hand Made (made by someone else)
 R: Recycled
 C: Commercial

Origin of Product Q: Queensland
 AU: Australia
 OS: Overseas

<u>Product Description</u>	Product							
	Type				Origin			
	S	H	R	C	Q	A U	O S	

Please attach an image of each of your products