



## STALLHOLDER APPLICATION FORM

FIRST NAME : .....

SURNAME : .....

ADDRESS : .....

..... Area Code .....

PHONE: Landline ..... Mobile .....

EMAIL : .....

TRADE NAME : .....

PRODUCT(S) : (a brief description) .....

.....

DATE(S) WHEN STALL REQUIRED: .....

NUMBER OF SITES REQUIRED : ..... TABLES REQUIRED : .....

SPECIAL REQUIREMENTS : .....

LICENCE NUMBER : SECOND HAND DEALER .....

FOOD VENDOR .....

I/We agree to all Market Rules and agree that the shared responsibility of the Health and Safety of everyone at The Riccarton Market will be adhered to.

SIGNED : ..... DATE .....

P O Box 8073, Riccarton, Christchurch / Phone (03) 339 0011 / Email office@riccartonmarket.co.nz / Mobile 027 226 4229

Office only: Application Confirmed by ..... Date .....