



# STALLHOLDER APPLICATION FORM

Mail to:

Castlemaine Farmers Market

PO Box 912 Castlemaine 3450

Or Email:

cfm@castlemainefarmersmarket.org

*The following application is your opportunity to be a part of Castlemaine Farmers Market and help us meet our goals and provide customers with the best variety of product. Please answer the questions as fully as possible, using more space if needed. We will notify you as soon as possible if your application is successful.*

**Name:**

**Business or company name** (if applicable):

**Mobile phone:**

**Telephone:**

**Email address:**

**Address:**

**ABN or ACN:**

**Website:**

**Social media links:**

**Stall type:**  seasonal  year-round

If seasonal, which months would you be attending?

Your stall:

is not-for-profit  generates food service waste  N/A

**Site Requirement:**

Standard site = \$45

Fee includes \$3 VFMA charge.

TOTAL : \_\_\_\_\_ Please enclose a cheque or money order pay by direct bank deposit

CFM BANK details: BSB 633 000 Account number 120893904

Account name Central Victoria Farmers Market Inc. Include your name on the remittance.

Please notify us if you have paid by direct bank payment and we will issue you with a receipt.

Cheques payable to Central Victoria Farmers' Market. PO Box 912 Castlemaine 3450.

**Product:** (please detail all products on offer so we can make a decision about what will fit with our current balance of stalls. You may be asked to omit certain products or focus on niche products before your application is successful)

**Do you have liability insurance?**  Yes  No

If so please attach a photocopy of your current insurance certificate. If not you must obtain insurance or extend your current business insurance before your application is successful. Any questions, please ask us.

**Do you have a current food handler's certificate?** (please attach a photocopy or contact our shire for information regarding requirements)  Yes  No

**Do you have a registered kitchen?** (please attach a photocopy of your registration certificate or the registration for the kitchen you will be hiring)  Yes  No

**Have you filled out a food safety template with Mt Alexander Shire?** (please attach)

Yes  No

If you said no to any of the above three questions and are providing a food related product you must obtain all or some these before your application is successful. Please go to [streatrader.health.vic.gov.au](http://streatrader.health.vic.gov.au) to register as a food stall and call an Environmental Health Officer at Mount Alexander Shire on 5471 1769 for more information.

**How are you directly involved in the production of your goods?**

**Are you a full time and/or registered farmer?**

**Do you grow or make your entire product/produce range?**  Yes  No

**If you are a 'specialty producer' (value adding), where do you source your ingredients?**

**Please provide accurate proportions of self grown/direct from local farmers in your region/ wholesale markets/Victorian vs interstate, imported ingredients etc.**

**What are the usual outlets for the sale of your goods?**

**Do you attend other markets?**  Yes  No

**If so which?**

**Are you certified organic?**  Yes  No

**Are you accredited by VFMA?** (from 2012 the CFM will only accept accredited stallholders unless a product is deemed to be of value to the market and will be admitted under the discretion of the Market Manager).  Yes  No  I am in the process of becoming or intending to become accredited

**If you regularly use chemicals, please describe your regime and the chemicals you use.**

**How are your products packaged?** Is it as environmentally responsible as can be, within health department requirements?

**What will you use instead of plastic bags at your stall?**

***I have read the criteria and information provided by Castlemaine Farmers Market. I agree to abide by them and actively support the aims of the Castlemaine Farmers' Market. I understand that the acceptance of my application and the allocation of stalls is at the discretion of the organisers.***

**Signature:**

**Date:**

**Name (please print):**