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**PARAP VILLAGE TRADERS ASSOCIATION**

**PARAP VILLAGE MARKETS**

markets@parapvillage.com.au [www.parapvillage.com.au](http://www.parapvillage.com.au)

PO Box 564, Parap, NT 0804, M 0438 882 373 P 08 8942 0805

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**WEEKLY CRAFT, SERVICE AND INFORMATION STALL**

**PERMIT APPLICATION FORM**

STALL HOLDER’S NAME: ……………………………………………………………………...…….........……

REGISTERED BUSINESS NAME: …………..…………………..…………… ABN: ……………….………

*(if applicable)*

MARKET STALL NAME: ………………………………..……………………………….……………………….

PH (bh): ………………….…..…… (ah)…..…..……….…..…… Mobile: …….………………..………….

Email: ………………………………….………....…… website: ..………………………………………….

POSTAL ADDRESS: ………………………..…..……………………...………………………………………..

…………………………………………………………………………..….……………………………………….

Anticipated commencement date at Markets : ……………………………

**DARWIN RESIDENTS:** Attach a copy of your driving license and advise your trading preference:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Dry season only  |  | All year round |  | Unsure at this stage |

**NON DARWIN RESIDENTS:** please list your Town and State of residence ..................................................

 and how long you intend to stay and trade in Darwin…………................……

* **CATEGORY OF STALL:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  **CRAFT STALLS:** |  |  |  | **SERVICE STALLS:** |
|  | **Accessories** |  | **Jewellery/Gems** |  | **Tarot/Psychic Services** |
|  | **Art** |  | **Plants/Cut Flowers** |  | **Massage/Alternative Therapies** |
|  | **Beauty and Health** |  | **Stationery/Books/CDs/DVDs** |  |  |
|  | **Clothes/Footwear** |  | **Toys/Hobbies** |  | **INFORMATION STALLS:** |
|  | **Craft** |  | **Other** (Please Specify) |  | **Community** |
|  | **Home and Lifestyle** |  | **……………………………………** |  | **Information / Promotion** |

* **OPERATION DETAILS:**

**Preferred stall size: frontage …….… m x depth …...… m**  *(calculate all space used including*

**Minimum stall size: frontage …….… m x depth …...… m** *storage, display, seating & signage)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you use a Gazebo/Tent? |  | No |  | Yes |  |
|  |  |  |  |  |  |
| Do you use any Electrical Items  |  | No |  | Yes – please list: |  |
|  |  |  |  |  |  |
| ITEM | Watts | COMPLIANCE DATE |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * **DO YOU OPERATE AT OTHER MARKETS?**
 |  | No |  | Yes – Please indicate: |  |
|  |  |  |
|  |  | *Mindil Beach*  |  | *Nightcliff*  |  | *Rapid Creek* |  | *Palmerston* |  |
|  |  |  |  |  |  |
| Do you sell these products from a retail outlet? |  | No |  | Yes | (Please specify) |

………………………………………………………………………………………………………………………

* **DESCRIBE IN DETAIL YOUR INPUT INTO DEVELOPMENT/PRODUCTION OF YOUR PRODUCTS**

**(n/a service and info stalls unless you wish to sell supporting products)**

**Product Concept / Design:** ……………………….……………………………………………………….....

………………………………………………………………………………………………………………………

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**Product Production**: …………………………………………………………………………………………..

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***NOTE: Preference is given to self made, local made crafts and services.***

***Commercial imported products and franchise based products are unlikely to be accepted.***

* **HOW WILL YOUR STALL AND PRODUCTS BE DISPLAYED? (attach photos if available)**

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………

* **NUMBER OF PEOPLE REQUIRED TO RUN THE STALL:** …………………….………………………..

*(Note the stallholder listed on this form is required to be the principal person to operate the stall)*

* **LIST ALL CAR REGISTRATION NUMBERS FOR YOU AND ANCILLARY STAFF**

……………………… ……………………… ……………………… ………………………….

* **CRAFT STALLS – Complete the attached Product List - itemize each product you wish to sell**

(Attach supporting photos / portfolios / pamphlets)

* **SERVICE STALLS – Complete the attached Services List - itemize each service you wish to offer**

(attach copies of qualifications)

* **CONTACT INFORMATION CONSENT**Please tick the relevant box/es: I give permission for Parap Village Markets to give out the following:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | mobile |  | Bus phone |  | Home phone |  | Email |  | Postal address |
|  |  |  |  |  |  |  |  |  |  |
|  | For any enquiries  |  | Or for sales enquiries only |  |

* **DECLARATION:**

In signing this Stallholder Application Form, I declare that, to the best of my knowledge, all the information supplied by me is correct as at the date below. *(Application invalid if not signed)*

Name of Stall holder Signature of Stallholder Date

*Thank you for your application. This will be reviewed by the Parap Village Traders Association and you will be notified of the outcome shortly.*