

## VARIATION TO GOODS SOLD APPLICATION

**BEFORE COMPLETING THIS FORM APPLICANTS MUST READ THE PORT FAIRY COMMUNITY HOUSE MARKETS POLICIES AND PROCEDURES.**

**PLEASE FORWARD YOUR APPLICATION TO PORT FAIRY COMMUNITY HOUSE MARKET COORDINATOR.**

Email: [pam.m@portfairycommunityhouse.com.au](mailto:pam.m@portfairycommunityhouse.com.au)

or post to: Market Coordinator - Port Fairy Community House PO Box 136 Port Fairy, 3284

**Please write clearly using BLOCK LETTERS. Please fill in ALL sections.**

### CATEGORY OF PRODUCTS SUITABLE FOR SALE AT THE MARKET

Products sold at the Market should be of high quality, not mass-produced and meet relevant health and safety standards. Products produced within the local region are preferred.

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|---|---|--|--|
| <b>Fresh Produce</b>                                  | <input type="checkbox"/> Fruit/Vegetables<br><input type="checkbox"/> Eggs  | <input type="checkbox"/> Dairy<br><input type="checkbox"/> Bakery  | <input type="checkbox"/> Meat/Poultry/Seafood<br><input type="checkbox"/> Other  |
| <b>Food</b>   | <input type="checkbox"/> Preserves<br><input type="checkbox"/> Cakes/Biscuits   | <input type="checkbox"/> Health Food<br><input type="checkbox"/> Other   | <input type="checkbox"/> Hot Food  |
| <b>Art, Craft, Homewares</b>                          | <input type="checkbox"/> Painting<br><input type="checkbox"/> Photography<br><input type="checkbox"/> Ceramic Art<br><input type="checkbox"/> Decorations | <input type="checkbox"/> Sculpture<br><input type="checkbox"/> Homewares<br><input type="checkbox"/> Glass Art<br><input type="checkbox"/> Leatherwork | <input type="checkbox"/> Drawing / Illustration<br><input type="checkbox"/> Printmaking<br><input type="checkbox"/> Metalwork<br><input type="checkbox"/> Paper/Stationery<br><input type="checkbox"/> Toys<br><input type="checkbox"/> Soft Furnishings |
| <b>Clothing &amp; Jewellery</b>                       | <input type="checkbox"/> Men's Fashion<br><input type="checkbox"/> Baby Wear<br><input type="checkbox"/> Shoes  | <input type="checkbox"/> Women's Fashion<br><input type="checkbox"/> Fashion Accessories   | <input type="checkbox"/> Children's Fashion<br><input type="checkbox"/> Jewellery  |
| <b>Antiques &amp; Rare Collectibles</b>               |   | <input type="checkbox"/> Collectables  | <input type="checkbox"/> Antiques  |
| <b>Plants &amp; Garden Items</b>                      | <input type="checkbox"/> Flowers<br><input type="checkbox"/> Other  | <input type="checkbox"/> Seedlings   | <input type="checkbox"/> Herbs<br><input type="checkbox"/> Natives   |
| <b>Alcohol</b>  | <input type="checkbox"/> Wine   | <input type="checkbox"/> Spirits   | <input type="checkbox"/> Cider<br><input type="checkbox"/> Beer  |
| <b>Artisan Furniture</b>                              | <input type="checkbox"/> Furniture  |  |  |
| <b>Health &amp; Wellbeing Services &amp; Products</b> |   | <input type="checkbox"/> Service<br><input type="checkbox"/> Non-Fiction   | <input type="checkbox"/> Other<br><input type="checkbox"/> Author<br><input type="checkbox"/> Beauty/Health  |
| <b>Books</b>  | <input type="checkbox"/> Fiction  | <input type="checkbox"/> Non-Fiction   | <input type="checkbox"/> Author  |

## PRODUCT DESCRIPTION

ABN 84 487 973 686

PLEASE DESCRIBE IN DETAIL THE MATERIALS USED, METHODS OF MANUFACTURE, COLOURS, SIZES, ETC

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Do you make/manufacture the products yourself?  Entirely  Partially  Not at all

If PARTIALLY/NOT AT ALL, are you directly involved in the creative process?  Yes  No

Are any parts of your product made overseas?  Yes  No

If YES, please give details

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## PRODUCTS PROHIBITED FOR SALE AT THE MARKETS

- Goods which infringe any copyright or registered trade mark
- Tobacco products
- Goods or merchandise that cannot be sold by law
- Second hand household goods and clothing

## REQUIREMENTS

### Insurance

Stallholders are required to hold a minimum of \$10million Public Liability Insurance.

I have supplied a current copy of my public liability insurance certificate of currency to the Market Coordinator

### Registration

All applicants wishing to sell food must be licensed as Temporary Food Stall vendors with their local Victorian council and hold a current Registration of Food Premises.

All applicants wishing to sell alcohol must hold the appropriate VCGLR wine and beer licences.

Copies of these registration certificates must be submitted with this application.

**Applications will not be processed until these certificates are received.**

### Product Images

Please attach copies of photos/images of a sample of your product(s)

**PHOTOS WILL NOT BE RETURNED TO APPLICANTS**

## APPLICANT DETAILS

ABN 84 487 973 686

### Primary Stallholder

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

### Associate Stallholder(s)

Associate 1: First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Associate 2: First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Business Name: (If applicable) \_\_\_\_\_

ABN: (If applicable) \_\_\_\_\_

Postal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Residential Address - as above  
or: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel (BH): \_\_\_\_\_ Tel (AH): \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

In submitting this *Variation to Goods Sold Application* I solemnly and sincerely declare that to the best of my knowledge, all of the information supplied by me is correct at the date of this Application.

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_  
Name of Primary Stallholder (print)      Signature of Primary Stallholder      Date

### Office Space:

Approved

Not Approved

Notification sent

Entered into RECKON

Authorised by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Adult Education - Volunteer Hub - Community Markets – Occasional Child Care**

## REVIEW PROCESS

Port Fairy Community House will review your application to determine if you display the criteria we require for our markets.

**IF SUCCESSFUL:** you will receive within 2 weeks written notification and any pertinent information.

**IF YOUR APPLICATION IS UNSUCCESSFUL:** you will be advised in writing of the reason/s for the decision and if and when you may be eligible to re-apply.

Unsuccessful applicants who disagree with the decision and wish to request a review of the decision, may write to:

The Chair, Committee of Management, Port Fairy Community House, PO Box 136 Port Fairy 3284.

**Please note that Port Fairy Community House reserves the right to make a final decision on any application to participate in the Market. It also reserves the right to refuse goods or produce sold in the Market and to exclude any stallholder who has been approved but who breaches or attempts to breach Market policy and procedures.**