



# **“Back to Bingara” CMCA Rally - Markets - Saturday, October 22nd 2022** From 9.00am | Maitland Street, Bingara

35th National Rally 2022

LOCAL Stallholder -

resident of the Gwydir Shire Council area ONLY

CMCA

Members

Place member  
number here

Other VISITING Stallholder

stallholders outside the Gwydir Shire

Event Name

**“Back to Bingara” CMCA Rally - Markets - Saturday, October 22nd 2022**

Business Name (if applicable):-

Contact Person:-

Phone - Mobile or Land Line:-

Email Address:-

Street or Mailing Address:-

Town, State and Postcode:-

ABN (if applicable):-

Please provide a brief product or service description and detail any equipment that you will be using:

**Term and Conditions** Set up from 6.00 am - Event from 9.00 am to 2.00pm

**Your \*\*\*payment plus copy of \*\*\*your public liability insurance, plus \*\*\*food safety certificates, plus \*\*\*Event Food Business details for and \*\*\*Retail Food Business Notification form (if applicable) and \*\*\*a working with children declaration (if applicable) must be sent with this application form to Gwydir Shire Council, Locked Bag 5, BINGARA NSW 2404 or emailed to [mail@gwydir.nsw.gov.au](mailto:mail@gwydir.nsw.gov.au), no later than close of business (5pm) Wednesday October 19th, 2022.**

If you don't have Public Liability Insurance please go the web site below to apply  
<http://www.localcommunityinsurance.com.au/>

The Bingara Special Events Committee & Gwydir Shire Council will endeavour to **but cannot guarantee** product / service exclusivity on the day. **No refunds** will be given due to cancellation of the event. It is a requirement that **all stallholders** comply with the current **Work Health and Safety legislation** and **all food service operators** are to comply with food safety standards.

**GOODS:** The stallholder **is not permitted** to sell any second hand electrical appliances.

**ALLOCATED AREA:** The stallholder must only trade within the site allocated, and site locations will not be amend-ed on the day. If stallholders are working with children a declaration must be completed.

**SITE SET UP:** Stallholders must set up their display/stall in a safe work manner.

**NO SETUP ON ROADWAY or SET UP IS NOT TO IMPEDE TRAFFIC**

**STALL HOLDERS:** must bring own table, chair, and shade plus extension cord - if required.

**VEHICLE MOVEMENT:** The committee recommend that you complete your set up and move your vehicle prior to commencement of the market.

**RISK ASSESSMENT:** Stallholders must abide by any direction given to them by the Committee in relation to risk management.

*I have read and agree to the above Terms and Conditions of this application.*

Please Print:

Signature:

Date

**For payment options SEE OVER PAGE Please indicate your payment preference**



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From 9.00am | Maitland Street, Bingara

**\*Powered sites are available LIMITED to 4 \*\* Cost of a powered site is \$20.00 on top of site fee**

Will you require a powered site ?	Please circle yes or no	YES	NO
Will you require being under cover ?	Please circle yes or no	YES	NO
Do you have your own Gazebo ? (please bring with you on the day)	Please circle yes or no	YES	NO
Other (below): e.g. own generator or your preferred location	Please circle yes or no	YES	NO

**L and CMCA :- LOCAL and CMCA Members STALLHOLDER PRICING SCHEDULE**

LOCAL <u>Stallholder A resident of the Gwydir Shire Council area ONLY</u>	Cost per site	No. of Sites Required	Total \$
3 metres x 3 metres	\$ 10.00		
Powered site - limited in number	\$ 20.00		\$
		<b>SUB TOTAL</b>	
		<b>TOTAL AMOUNT DUE</b>	\$

**V:- OTHER VISITING STALL HOLDER PRICING SCHEDULE**

VISITING <u>Stallholder Outside the Gwydir Shire Council area</u>	Cost per site	No. of Sites Required	Total \$
3 metres x 3 metres	\$ 40.00		
Powered site - limited in number	\$ 20.00		\$
		<b>Sub Total</b>	\$
		<b>TOTAL AMOUNT DUE</b>	\$

PAYMENT DETAILS	Direct Deposit / Credit card / cash / or cheque prior to the event			
DIRECT DEPOSIT DETAILS	BSB	Account Number	Account Name	Reference
	082 649	509 547 471	Gwydir Shire Council	<b>CMCA STALL WO 6761.22.242</b>

CREDIT CARD DETAILS	VISA	MasterCard	EXPIRY	CSC
Please indicate card type				
Name on the Card PLEASE PRINT				
Number on the Card				

Office use only TRIMMED		Container:		Ref:		Date:	
	Date Received		Payment Amount	\$	Receipt Number		
Payment Method	Cash	Direct Deposit	Credit card	Cheque	Number of Sites		
Insurance Received	No	Yes					