

GourMay Mary Valley Stallholder/ Food Vendor Application

Business/ Organisation Name			
ABN			
Brief description of business			
First Name	Last Name		
Business Address			
Phone			
Email			
Website			
Public Liability Insurer			
Policy Number A copy of Insurance policy must be prov	Expiry Date Expiry Date	y Valley Chamber of	Commerce.
Business/ Organisation profile for prom	otional purposes – photos welcor	ne	

A copy of my insurance policy and/ license (if appropriate) is sent with this form

- An invoice will be sent to you once your application has been approved.
- Confirmation of your inclusion at GourMay Mary Valley Food Festival on Saturday 25th May 2024 will be sent once full payment has been received.
- Full payment is required no later than January 31st 2024.

I confirm that the above information is true and correct and agree to the GourMay Mary Valley Food Festival 2024 Terms and Conditions

By submitting this form, I agree to the GourMay Mary Valley Food Festival 2024 Terms and Conditions.

Signature Date
