



## CASUAL STALLHOLDER APPLICATION FORM

FIRST NAME: .....

SURNAME: .....

ADDRESS: .....

.....

..... Area Code .....

PHONE: Landline: ..... Mobile: .....

Fax: .....

EMAIL: .....

TRADE NAME: .....

PRODUCT(S): (a brief description) .....

.....

.....

DATE(S) WHEN STALL REQUIRED: .....

NUMBER OF TABLES REQUIRED: .....

NUMBER OF SITES REQUIRED: .....

SPECIAL REQUIREMENTS: .....

LICENCE NUMBER: SECOND HAND DEALER .....

FOOD VENDOR .....

SIGNED: ..... DATE .....

Please return to PO Box 8073, Riccarton, Christchurch / Phone (03) 339 0011 / Fax (03) 339 0099  
Email [office@riccartonmarket.co.nz](mailto:office@riccartonmarket.co.nz) / Mobile 027 226 4229