



Event Stall Holder/Vendor Registration Form

NAME

ORGANISATION/BUSINESS

ADDRESS

PHONE NUMBER

CELL PHONE NUMBER

EMAIL ADDRESS

TYPE OF STALL

- AMUSEMENT DEVICE**
- FOOD**
- GENERAL**
- LIQUOR**
- OTHER** – Please state

PRODUCT/S TO BE SOLD – Please list below

CATEGORY

- COMMERCIAL** – Holds a Traders Licence and/or Mobile Shop Registration Certificate and/or KDC Registration Certificate
- FUNDRAISER** – Community based or charitable organisation

- Please provide approximate size

SIZE OF OPERATION

	<u>STALL SIZE</u>	<u>PRICE (INCL. GST)</u>
<input type="checkbox"/>	COMMUNITY-3M X 3M	\$70.00
<input type="checkbox"/>	PREMIUM	\$300.00
<input type="checkbox"/>	COMMERCIAL	\$230.00
<input type="checkbox"/>	LARGE – 150 sq m site	TBA
<input type="checkbox"/>	OTHER – Please state Please provide approximate size	

DO YOU REQUIRE

- A Mobile Shop Food Hygiene Registration (Food Hygiene Regulations 1974)
- Special Liquor Licence
- Permit to operate an Amusement Device
- Permit to erect a Marquee exceeding 100m²

If you currently hold any of these permits, licences or certificates, please provide copies with application form.

PLEASE STATE WHAT SOURCE OF ENERGY YOUR OPERATION REQUIRES

- Electricity – mains supply
- Electricity – own generator
- Battery
- Gas
- None
- Other – please state

PLEASE STATE ANY OTHER REQUIREMENTS YOU MAY HAVE

I acknowledge that I have read, understood and accept the provisions of the accompanying CITP 2019 Site Holder or Vendor Terms & Conditions.

Name:

Signed:

Organisation:

Date:

Payment can be made by the following methods:

Direct Transfer:

02-0348-0014307-00

Please quote your **name & CITP** on transaction

Cheques (made payable to):

Kawerau District Council

PLEASE RETURN ALL REGISTRATION FORMS:

KAWERAU CITP or events@kaweraudc.govt.nz
Kawerau District Council
Private Bag 1004
Kawerau 3169

The Event Organiser has the right to decline any Application for Registration and no correspondence will be entered into over this decision.