



GPO Box 4441, Darwin NT 0801
Shop 13 Westlane Arcade-12 Westlane Darwin NT 0800
www.mindil.com.au
Email: admin@mindil.com.au
Ph: 08 8981 3454
ABN 33764047426

MBSMA CASUAL ARTS, CRAFTS & SERVICES STALL APPLICATION

SECTION 1 - BUSINESS DETAILS

Date of Application: _____ / _____ /20_____ Date Received: _____ / _____ /20_____

Stall Name: _____

Registered Business Name (if applicable): _____

ABN: _____

Contact Person: _____

Postal Address: _____

Phone: _____

Email: _____

Social Media/ Website: _____

Preferred Days of Trade: Thursday Sunday Both

What is the period of dates that you would like to trade at MBSMA?

Stall Size: 2x2 (\$90) 3x3 (\$100)

SECTION 2 – STALL & PRODUCT DETAILS

What category does your stall fall under?

<input type="checkbox"/> Leather Goods	<input type="checkbox"/> Shoes	<input type="checkbox"/> Homeware & Giftware	<input type="checkbox"/> Toys	<input type="checkbox"/> Personal Accessories
<input type="checkbox"/> Tourism	<input type="checkbox"/> Hats	<input type="checkbox"/> Services e.g. Massage	<input type="checkbox"/> Art/ Photography	<input type="checkbox"/> Skincare
<input type="checkbox"/> Activities	<input type="checkbox"/> Indigenous Product	<input type="checkbox"/> Other	<input type="checkbox"/> Jewellery	<input type="checkbox"/> Clothing

If selected other, please explain category: _____

If your products are handmade, please see Handmade Guidelines on our website or alternatively contact the office. If your products are handmade, please provide a thorough description of the procedure in creating your products.

As per the Rules & Regulations no imported clothing or jewellery stalls will be accepted.

SECTION 3 – COVID AGREEMENT

Do you agree to comply with all Chief Health Officer direction throughout the 2023 season?

This may include providing:

- Covid Safety Plan
 - Covid Vaccination Certificate
- YES NO



GPO Box 4441, Darwin NT 0801
 Shop 13 Westlane Arcade-12 Westlane Darwin NT 0800
 www.mindil.com.au
 Email: admin@mindil.com.au
 Ph: 08 8981 3454
 ABN 33764047426

Please provide a brief description of your business and include relevant photos: _____

Brief Product Description	Country of Origin	Design	Manufacture	Additional Information	Supporting Documentation
1.		<input type="checkbox"/> Self-designed <input type="checkbox"/> Commercial	<input type="checkbox"/> NT Handmade <input type="checkbox"/> AUS Handmade <input type="checkbox"/> O/S Handmade <input type="checkbox"/> Com AUS <input type="checkbox"/> Com O/S		<input type="checkbox"/> Photos <input type="checkbox"/> Drawing <input type="checkbox"/> Sample
2.		<input type="checkbox"/> Self-designed <input type="checkbox"/> Commercial	<input type="checkbox"/> NT Handmade <input type="checkbox"/> AUS Handmade <input type="checkbox"/> O/S Handmade <input type="checkbox"/> Com AUS <input type="checkbox"/> Com O/S		<input type="checkbox"/> Photos <input type="checkbox"/> Drawing <input type="checkbox"/> Sample
3.		<input type="checkbox"/> Self-designed <input type="checkbox"/> Commercial	<input type="checkbox"/> NT Handmade <input type="checkbox"/> AUS Handmade <input type="checkbox"/> O/S Handmade <input type="checkbox"/> Com AUS <input type="checkbox"/> Com O/S		<input type="checkbox"/> Photos <input type="checkbox"/> Drawing <input type="checkbox"/> Sample
4.		<input type="checkbox"/> Self-designed <input type="checkbox"/> Commercial	<input type="checkbox"/> NT Handmade <input type="checkbox"/> AUS Handmade <input type="checkbox"/> O/S Handmade <input type="checkbox"/> Com AUS <input type="checkbox"/> Com O/S		<input type="checkbox"/> Photos <input type="checkbox"/> Drawing <input type="checkbox"/> Sample
5.		<input type="checkbox"/> Self-designed <input type="checkbox"/> Commercial	<input type="checkbox"/> NT Handmade <input type="checkbox"/> AUS Handmade <input type="checkbox"/> O/S Handmade <input type="checkbox"/> Com AUS <input type="checkbox"/> Com O/S		<input type="checkbox"/> Photos <input type="checkbox"/> Drawing <input type="checkbox"/> Sample
COM = Commercial O/S = Overseas					

SECTION 4 – DECLARATION

Name of Applicant:	Signature of Applicant:
---------------------------	--------------------------------

PLEASE SUPPLY THE FOLLOWING SUPPORTING DOCUMENTS

1. Copy of Driver's License or Photo Identification	<input type="checkbox"/>
2. Copy of Business Registration	<input type="checkbox"/>
3. Copy of Public Liability Insurance (\$10 Million Minimum Cover)	<input type="checkbox"/>
4. Copy of Food Registration (If Applicable)	<input type="checkbox"/>
5. Import Licenses (If Applicable)	<input type="checkbox"/>



GPO Box 4441, Darwin NT 0801
Shop 13 Westlane Arcade-12 Westlane Darwin NT 0800
www.mindil.com.au
Email: admin@mindil.com.au
Ph: 08 8981 3454
ABN 33764047426

OFFICE USE ONLY

Further Information Required: Yes No

Refer to:

- Stall Standards & Regulations
- Handmade Policy

Approved: Yes No Escalation Required

Supporting Reasons:

-
- Acceptance Sent
 - Non-Acceptance Sent