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# CASUAL ARTS CRAFTS & SERVICES STALL APPLICATION

## SECTION 1 - BUSINESS DETAILS

Date of Application: \_\_\_\_/\_\_\_\_/20\_\_

Date Received: \_\_\_\_/\_\_\_\_/20\_\_

Stall Name: \_\_\_\_\_

Applicant 1 Name: \_\_\_\_\_

Applicant 2 Name: \_\_\_\_\_

Registered Business Name (if applicable): \_\_\_\_\_

ABN: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone: First: \_\_\_\_\_ Second: \_\_\_\_\_

Email: \_\_\_\_\_

Social Media/ Website: \_\_\_\_\_

Vehicle Registration Number: \_\_\_\_\_

Preferred Days of Trade:  Thursday  Sunday  Both

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



Stall Size:  1x1 (Assessed on an individual basis)  2x2  3x3

## SECTION 2 – STALL & PRODUCT DETAILS

2. 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.

Brief Product Description	Main Country of Origin	Design	Manufacture	Additional Information	Supporting Documentation Provided
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
<b>COM = Commercial</b> <b>O/S = Overseas</b>					

### SECTION 3 – DECLARATION

Name of Applicant 1:	Signature of Applicant 1:
Name of Applicant 2:	Signature of Applicant 2:

#### PLEASE SUPPLY THE FOLLOWING SUPPORTING DOCUMENTS

1.	Copy of Drivers License or Photo Identification	<input type="checkbox"/>
2.	Copy of Business Registration (If Applicable)	<input type="checkbox"/>
3.	Copy of Food Registration (If Applicable)	<input type="checkbox"/>
4.	Import Licenses (If Applicable)	<input type="checkbox"/>
5.	Public Liability (If Applicable)	<input type="checkbox"/>

#### OFFICE USE ONLY

Further Information Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Escalation Required
Supporting Reasons:			
_____			
<input type="checkbox"/> Acceptance letter sent with approved products	Date: _____		
<input type="checkbox"/> Non-Acceptance Email Sent	Date: _____		