

KINVARA FARMERS' MARKET

TRADERS' APPLICATION FORM

NAME:

ADDRESS:

PHONE NO.:

E-MAIL:

PRODUCE / CRAFT: (only goods which are shown here and approved by The Committee may be sold at the Market)

START DATE / AVAILABILITY:

FOR FOOD PRODUCERS

ORGANIC REGISTRATION:

YES/NO

ARE YOU REGISTERED WITH THE HSE?

YES/NO

(If so please attach Copy of Registration)

DO YOU REQUIRE ELECTRICITY?

YES/NO

I HAVE READ THE CONSTITUTION AND AGREE TO SAME:

YES/NO

I HAVE READ THE CONDITIONS FOR TRADING AT KINVARA FARMERS' MARKET AND AGREE TO SAME:

YES/NO

SIGNED:

DATE: