Site Holder Number

FOOD_____

Drop_____
Date Processed
/ / 2012

Presented by Gosford Showground Trust P.O. Box 2183 Gosford NSW 2250
Website: www.gosfordregionalshow.com.au

FOOD SITE APPLICATION FORM
GOSFORD REGIONAL SHOW
SATURDAY 5th & SUNDAY 6tth MAY 2012

ALL APPLICTIONS SUBJECT TO APPROVAL AND AVAILABILTY
To secure your site at Gosford Regional Show to be held at Gosford Showground.

Kindly complete this form and return it immediately together with your cheque payable to Gosford Showground Trust, P.O. Box 2183 GOSFORD NSW 2250

Site enquiries: Ph/Fax: Jenny 02.4365 4381 email jennydodd.austday@hotmail.com or
Robyn 02 43 851030 Mobile 0428852307 Email info@chrisking.com.au

SITE INVESTMENT: Please note: GST does not apply

Food vans or Food sites **(including council inspection fee)**	$450
Coffee/Ice Cream Van or Site **(including council inspection fee)**	$395

*** Please state area of your van/site including refrigeration area and table and chairs are you require**

ALL COMMERCIAL SITE BOOKINGS MUST BE ACCOMPANIED BY EVIDENCE OF CURRENT PUBLIC LIABILITY RISK POLICY.

Business Name …… Phone No ……Fax……..

Site Holder's Name ……..…… ….

Email …….

Postal Address ……P/Code……..

Power Required? (Please circle) YES / NO type of power required

Please attach a complete menu of food and drinks to be sold: (failure to fully disclose any item may cause restriction of sales, non refundable cancellation of your site)

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NB. Duplication of Trade Services/Products in Premium Sites will be controlled.

- **No cloned or un-licensed merchandise to be sold or displayed. (No exceptions)**
- **All site holder must stay within the site boundaries outlined in this agreement**
- **NO NON ESSENTIAL VEHICLES PERMITTED INSIDE THE SHOWGROUND DURING SHOW HOURS.**
- **PLEASE RETAIN SITE-MAP FOR YOUR INFORMATION**

I/We *……..agree to terms and conditions of hire & hereby indemnify Gosford Showground Trust and the state of New South Wales for any actions arising from my hiring of a stall site on site on* SATURDAY 5th & SUNDAY 6tth MAY2012

Contact Name of Site Holder_____
Signature of Site Holder_____ Date / /

- - - - - - - - - - - - - - - - OFFICE USE ONLY - - - - - - - - - - - - - - - - -

Site No. or position allocated ☐ Entered _____ / /

$_____ Cheque/ Money Order/ Cash received by_____ Date / /

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Copy of Cert. Of Currency. YES/NO Receipt No. …… Receipt & Passes sent/issued: / /