



Ref: T23/13229

## EXTERNAL STALLHOLDER APPLICATION FORM

### YOUR DETAILS

Trading Name .....

Last Name ..... First Name .....

Address .....

.....

Home Phone ..... Work Phone ..... Mobile .....

Public and Product Liability Insurance (Please circle) Yes No To the value of \$ .....

Copy attached (Please circle) Yes No

Email .....

Website .....

Emergency Contact ..... Phone .....

### YOUR PRODUCT DETAILS

Product Description .....

.....

Have necessary licences? (Please circle) Yes No Type .....

Need Power? (Please circle) Yes No Requirements .....

Do you have photos of your stall set-up? (Please circle) Yes No If yes, please attach photos.

References.....

Preferred days of the week for a stall? .....

Forward completed application form to the Community Relations Department, St George Hospital

via Email: [SESLHD-StGeorge-CommunityRelations@health.nsw.gov.au](mailto:SESLHD-StGeorge-CommunityRelations@health.nsw.gov.au)

