



**EXPRESSION OF INTEREST TO TRADE**

Please complete the following details then submit it by one of the ways listed below. Once we have looked at it we will let you know if you need to make a full application.

Name: .....

Contact Phone No: .....

Contact Email: .....

Brief description of the item(s) you wish to sell:

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.....  
.....  
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Circle intended frequency of market attendance:    Weekly    Fortnightly    Monthly

**We are controlled by a Charter and it is a rule in the Charter and a condition of trade that the stall holder agrees, if requested, to be audited by the Market Committee. This is so we can confirm whether the products being sold are 'farm-direct'. Please advise in detail the origin(s) of your produce:**

.....  
.....

**Return Completed Form:**

By mail: Market Coordinator, PO Box 1117, Claremont WA 6010

Email: [mtclaremontfarmersmarket@gmail.com](mailto:mtclaremontfarmersmarket@gmail.com)