



## Event Stall Holder Registration Form

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NAME

ORGANISATION/BUSINESS

ADDRESS

PHONE NUMBER

CELL PHONE NUMBER

EMAIL ADDRESS

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### TYPE OF STALL

- AMUSEMENT DEVICE
- FOOD
- MERCHANDISE AND/OR APPARREL
- ARTS AND CRAFTS
- OTHER – Please state

PRODUCT/S TO BE SOLD – Please list below

### CATEGORY

- COMMUNITY FUNDRAISER** –Community based fundraiser or charitable organization  
Maximum Width 3m x Length 3m
- COMMERCIAL** – Holds a Traders License and/or Mobile Shop Registration Certificate  
and/or KDC Registration Certificate  
Maximum Width 3m x Length 6m
- PREMIUM** - Holds a Traders License and/or Mobile Shop Registration Certificate and/or  
KDC Registration Certificate  
Maximum Width 3m x Length 6m



**SIZE OF OPERATION**

STALL SIZE

PRICE (INCL. GST)

<input type="checkbox"/>	<b>COMMUNITY FUNDRAISER</b>	<b>\$100.00</b>
<input type="checkbox"/>	<b>COMMERCIAL</b>	<b>\$265.00</b>
<input type="checkbox"/>	<b>PREMIUM</b>	<b>\$345.00</b> (Only 4 spots first in first served)
<input type="checkbox"/>	<b>LARGE – 150 sq m site</b>	<b>TBA</b>

Please provide approximate size in metres

Width  Length

**DO YOU REQUIRE**

- A Mobile Shop Food Hygiene Registration (Food Hygiene Regulations 1974)
- Permit to operate an Amusement Device
- Permit to erect a Marquee exceeding 100m<sup>2</sup>

If you currently hold any of these license's, permit or certificates please provide copies with application form.

**PLEASE STATE WHAT SOURCE OF ENERGY YOUR OPERATION WILL BE USING**

- Electricity – CITP supply *can be provided*
- Electricity – own generator
- Battery
- Gas
- None
- Other – please state

**PLEASE STATE ANY OTHER REQUIREMENTS YOU MAY HAVE**

I acknowledge that I have read, understood and accept the provisions of the accompanying CITP 2024 Site Holder or Vendor Terms & Conditions.

Name:

Signed:

Organisation:

Date:





Payment can be made by the following methods:

**Direct Transfer:**

**02-0348-0014307-00**

**Please quote your NAME & CITP as your reference to ensure we pick up payment!**

Payment can also be made at

**Kawerau isite**

PLEASE RETURN ALL REGISTRATION FORMS:

KAWERAU CITP or [events@kaweraudc.govt.nz](mailto:events@kaweraudc.govt.nz)  
Kawerau District Council  
Private Bag 1004  
Kawerau 3169

*The Event Director and Operations Coordinator has the right to decline any Application or Registration and no correspondence will be entered into over this decision.*

