

CAIRNS NIGHT MARKETS

54-60 Abbott Street, Cairns QLD 4870

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CASUAL DAY MARKET APPLICATION

Shop No.Day Rent (incl GST)= \$50

Date Sought: _____

Name of Proposed Tenant: _____

Address: _____

Ph: _____ Email: _____

Date of Birth: _____ Driver's Licence No _____

A.C.N. _____ A.B.N. _____

GST Registered Yes or No _____

PROPOSED BUSINESS & TERM OF TENANCY

Business Name (For Invoicing): _____

Description of Business: _____

Proposed Products to be Sold: _____

Tenancy Privacy Statement:

Primary Purpose:

As professional property managers, we collect your personal information to assess the risk in providing you with the lease/tenancy of the premises you have applied for and if the risk is considered acceptable, to provide you with the lease/tenancy of the premises.

To carry out this role and during the term of your tenancy, we usually disclose your personal information to:

- The Landlord

We also collect your personal information to:

Allow organisations/trades people to contact you in relation to maintenance relating to the premises

If your personal information is not provided to us and you do not consent to the uses to which we put your personal information, we cannot properly assess the risk to our client or carry out our duties as professional property managers. Consequently, we then cannot provide you with the lease/tenancy of the premises.

SIGNED BY THE APPLICANT/S

PRINT NAME: _____

DATE: _____

TENANCY CHECKLIST:

Application Form and Privacy Statement completed and signed

I understand prior to commencement of the tenancy that

The days or weekend rent is paid before I set up my stall.

I understand I require Public Liability Insurance to the value of \$10 million, copy to be provided to Centre Management.

Bank Account Details:

Reefchange Pty Ltd

BSB: 064 804 ACC: 13813013

Reference is your shop no. or your name