Blayney Shire Council

PO BOX 62 BLAYNEY NSW 2799

TAX INVOICE

ABN 47 619 651 511

APPLICATION FORM



APPLICANT DETAILS								
APPLICANT NAME:								
ORGANISATION NAME:								
TYPE OF ORGANISATION: (Tick one option)	Private/Individual (Represent a small group or an individual)							
	☐ Non-Profit (attach support doc's)							
	For Profit/Commercial							
POSTAL ADDRESS:								
PHONE (work + mobile):								
EMAIL:								
BUSINESS PO NUMBER: (Quote if required on invoice)								
EVENT DETAILS								
CASUAL BOOKING:	DATE:							
REGULAR BOOKING:	DATE START: DATE END:							
	☐ MON ☐ TUE ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN ☐ WEEKLY ☐ FORTNIGHTLY ☐ MONTHLY ☐ OTHER (attach a list)							
EVENT TIME: (Allow set-up/pack-up time)	TIME START:			TIME END:		<u> </u>		
EVENT TITLE & TYPE:	TITLE:			TYPE:				
NUMBER OF GUESTS:								
FACILITIES REQUIRED (Plea	ase Tick)						_	
ROOM:								
	ENTIRE CENTRE	THE CHAMBERS	CADIA ROOM	STAGE ROOM	KITCHE	.IN	BAR	
REQUIREMENTS: (Please ref copyright conditions)								
	LAPTOP PRO	DJECTOR SCREE	N MICROPHONE	AUDIO (CD/I-pod)	DVD	TV	WIFI	
	TEA & COFFEE	LECTERN	WHITEBOARD	LIGHTING	/T ' I	PIANC		
	TABLE TYPE:		(Inc Pens/Duster)	BOARD			ponsibility)	
FURNITURE:	(Round or Tres	stle)	TABLES: (Qty)		CHAIR (Qty)	.5:		
OTHER INSTRUCTIONS (Use this space to advise any other requests e.g. table or wall configuration)								
OTTER INSTRUCTIONS (Use	tilis space to	advise arry office	requests e.g. tat	or wall co	Jiligurati	JII)		

KEY HIRE						
NAME OF PERSON COLLECTING KEY:						
CHECKLIST / DECLARATION						
Please tick. Any required documents not provided will delay the processing of your application.						
☐ I have attached a copy of my Public Liability Policy.						
☐ I confirm that the details provided are correct.						
As the hirer I shall ensure no drinks are taken onto the dance floor area during the event and acknowledge that I will be liable for costs relating to specific dance floor cleaning and specialist floorboard treatment, incurred by Council, if confirmed drinks have been taken onto the dance floor during the event.						
☐ I have included the required payment.						
☐ In signing this form I acknowledge I have read and accepted the Terms & Conditions of Hire.						
In signing this form I acknowledge that I am responsible for the key issued, and I may not lend or copy the key for a third party. I acknowledge that I have read and understood this form, Council's Conditions of Hire applying to the use of Halls, a copy of which has been supplied to me, and agree to be bound by them. Failure to agree to these terms may result in Council denying me access to the facility.						
SIGNED:	DATE:					
FEES & CHARGES (In accordance with Council's Fees and Charges)						
SECURITY DEPOSIT (No GST): \$		Please complete Refund Details below (Refundable per T's & C's)				
AUDITORIUM HIRE FEE*:	\$	Thease complete normal because below (neighbors per 15 d = 5)				
MEETING ROOM HIRE*:	\$					
KITCHEN HIRE*	\$					
BAR HIRE*:	\$					
TOTAL:	\$					
SECURITY DEPOSIT REFUND DETAILS (EFT)						
ACCOUNT NAME:		Payment is required prior to issue of keys				
BANK NAME:		Fee subject to GST *				
BSB NO:		Casual Hire Fee to be paid at least seven (7) days prior to				
ACCOUNT NO:		booking date, with a security deposit (refundable)				
OFFICE USE (Job No. 12803700.130)						
FEE PAID:	\$	RECEIPT No. DATE:				
	*	NEGER 1 110.				
Council Details Address: Blayney Shire Council Website: www.blayney.nsw.gov.au council@blayney.nsw.gov.au 91 Adelaide Street, BLAYNEY NSW 2799 Email: council@blayney.nsw.gov.au PO Box 62 BLAYNEY NSW 2799 Phone: (02) 6368 2104						