

APPLICATION FORM FOR HIRE OF FACILITIES



LMB 7
Inglewood Qld 4387

Please read the information provided prior to completing the form. This form must be completed and returned to Council within seven (7) days of receipt or the "proposed" booking with lapse and the Centre may be hired to another user. For enquiries or assistance with your application, please phone Council Administration on (07) 4652 0200 (Inglewood) or (07) 4653 2600 (Texas).

1. APPLICANT DETAILS

Full name of Group/Organisation/Person: _____

Postal Address: _____ Postcode: _____

Contact Person: _____

Contact Numbers: _____ (W) _____ (AH) _____ (FAX)

Email: _____

Position held within Group/Organisation: _____

Purpose of Function: _____

Public Liability Insurance: Do you have cover? Yes No (If yes, attach copy of Certificate of Currency)

I, _____ of _____, hereby make application for the premises set out in the Schedule to this application for the day and the times specified in the Schedule and I acknowledge having received and read a copy of the Conditions of Facility Hire and undertake to be bound by and comply with these Conditions in every respect and I further undertake to be responsible for ensuring that all individuals or groups using the premises in association with this application shall comply with the Conditions. I have inspected the premises and acknowledge that they will be suitable for the intended use.

Applicant's Signature: _____ Date: ___ / ___ / ___

2. SCHEDULE

DETAILS OF FACILITY BEING BOOKED:

Name of Facility: _____ Date of Hiring: _____

Time of Hiring: 1. Preparation From: _____ To: _____

2. Function From: _____ To: _____

Hire Fees: _____

DETAILS OF FUNCTION:

Type of Function: _____

Number of people attending: _____

Will you be serving food? Yes No If yes, how will it be served? Sit-down Buffet

Will alcohol be consumed? Yes No License provided? Yes No

Note: The hirer is to notify the Police that alcohol will be consumed in the facility prior to the event.

Will kitchen facilities be used? Yes No

3. BOND REFUNDS

Bank account details **must** be provided to allow for Bond Refund.

ACCOUNT NAME	
BANK	
BSB	
ACCOUNT NUMBER	

4. OFFICE USE ONLY

Amount Paid: \$ _____

Receipt Number: _____

Signature of Council Officer: _____

Date: ___ / ___ / ___