

A Hire Application Form Community Facilities



Name of club / organisation: _____

Community Group / Charity Commercial Hire Private User School Government Organisation

Contact person: _____ Position: _____

Postal address: _____

Email address: _____ Phone: _____

Nature of event: _____ Public Private Number of attendees: _____

Venue: Town Hall Town Hall Kitchen

Type of hire: Casual Ongoing Annual

Date of hire period: _____ to _____ Exclusion dates: _____

	Event Booking Times		Set Up / Pack Up Booking Times (if required)	
Monday	_____	to _____	_____	to _____
Tuesday	_____	to _____	_____	to _____
Wednesday	_____	to _____	_____	to _____
Thursday	_____	to _____	_____	to _____
Friday	_____	to _____	_____	to _____
Saturday	_____	to _____	_____	to _____
Sunday	_____	to _____	_____	to _____

Facilities Required (refer to information sheet (Form B) for further information about available facilities)

Kitchen / kitchenette Town Hall courtyard Town Hall BBQ facilities

Other (please specify): _____

Forms, Permits & Licences

Does your organisation have public liability insurance? Yes No If yes, attach copy of certificate

Will food be sold, consumed or served during your hire? Yes No If yes, attach permit if applicable

Will liquor be sold, consumed or served during your hire? Yes No If yes, attach Form D plus liquor licence if required

Do you wish to apply for a fee discount or bond waiver? Yes No If yes, attach Form D

Hirer Declaration

The information supplied is true and accurate and I agree to the conditions of hire (Form C).

I understand that this is a request application only, confirmation of booking will be sent once the application has been assessed.

I understand that under no circumstance are vehicles permitted to be driven or parked on Shire footpaths.

Name: _____ Signature: _____ Date: _____

OFFICE USE ONLY	
Added to calendar: <input type="checkbox"/>	Confirmation sent: <input type="checkbox"/>
Facility hire fee: \$ _____	Facility bond: _____ Waived? <input type="checkbox"/> Yes <input type="checkbox"/> No
Applicable discount \$ _____	Key bond: _____
Cleaning fee: \$ _____ <input type="checkbox"/> Cleaner notified	Bond total: _____ <input type="checkbox"/> Paid <input type="checkbox"/> Refunded
Music copyright fee: \$ _____	Keys required: _____ <input type="checkbox"/> Booked
Booking total: \$ _____ <input type="checkbox"/> Invoiced	Event Liaison notified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Stakeholders notified: _____

Email, post or return completed form to:

PO Box 1 / 37-39 Rose Street, Manjimup WA 6258

T: (08) 9771 7777 F: (08) 9771 7771 E: info@manjimup.wa.gov.au W: www.manjimup.wa.gov.au