APPLICATION FOR HIRE ARMIDALE TOWN HALL 2023/2024

www.armidaleregional.nsw.gov.au

| 1. | Information | |
|----|-------------|--|
| | | |

Privacy and Personal Information Protection Notice (5.10 PPIP Act 1998)

Your information will be stored and used by Armidale Regional Council onlyfor the purposes of liaising with you regarding your intended use of Council's facilities. The provision of information is voluntary; however failure to provide requested details may result in your application to use Council facilities declined. Notes:

- a) The completed form is to be lodged with Council at least 21 days prior to the event.
- b) Use of facility is subject to availability and compliance with the standard Conditions of Use.
- c) Any and all charges for use of Council Facilities are to be paid 14 days prior to the event.
- d) Applicant complete items 2-11 inclusive.

2. Applicant's Information

Name

Company/Organisation (if applicable)

| Address | | | |
|---------------|-----------|----------|--|
| | | | |
| Town/City | State | Postcode | |
| | | | |
| Email Address | Telephone | Mobile | |
| | | | |

| Nominated responsible person/s: | | | | |
|--|--|--|--|--|
| (This person/s needs to be present and contactable by Council staff during the function and at finishing time) | | | | |
| Name : | Contact Number: | | | |
| Name: | Contact Number: | | | |
| Name: | Contact Number: | | | |
| 3. Function Details | | | | |
| Name/Type of event: | | | | |
| Details of event: | | | | |
| Date/srequested: | | | | |
| | Preparation time: | | | |
| Preparation date: | (time required for setting up of function) | | | |
| Function start time: | Function end time: | | | |
| | (Please allow for cleaning up time after function) | | | |

| | own time: the hall will be vaca | ted) | |] | | | |
|--|---|---------|--|----------------------|---------------------|----------------------|-----------|
| Is the Mezzanine to be used (please tick) It is a requirement of Council that a doorperson be provided by the hirer to ensure the stairwell to the Mezzanine is supervised and the foyer is not left unattended. Is alcohol to be: | | | | | | | |
| a) Consumed in the hall? 🛛 YES 🔅 NO | | | |)- Please refer | to condition 23- | conditions of h | ire |
| b) | b) Sold in the hall? \Box YES \Box NO- Please refer to condition 23- conditions of hire | | | | | ire | |
| Please | e note that smoking is | s not j | permitted in any part o | of the building | | | |
| 4. | Seating arrangem | ent | | | | | _ |
| | Plan A 200 Auditor | rium T | Theatre Style Seats are | e not numbered | Mezzani are num | ne 78 seats bered | Total 278 |
| | Plan B 160 Audit | oriun | n Dinner Style Seats are | not numbered | | ne 78 seats | Total 238 |
| | | | upplied by the Hirer ne hirer to number sea | ts if required. 1 | | | |
| Numb | er of people attendi | ng: | | Special Requ | irements: | | |
| 5. | Requirements | T | | - | | | |
| | Stage | | Stage Lights | □ Dres | sing Room | Spot Lig | hting |
| | Heating | | PA System | □ CD p | layer | □ Laptop | |
| | Screen | | Whiteboard | 🗆 Data | projector | □ lectern | |
| | Kitchen | | Cutlery & Crockery | □ Gran | id Piano | | |
| All | the items above are a | it no e | extra cost except data p | projector and la | ptop- refer to sect | tion 9, fees and o | charges. |
| 6. | Catering | | | | | | |
| | If kitchen is being used please state the following: Name of caterer: | | | | | | |
| Phe | Phone: | | | | | | |
| 7. Grand Piano (refer to clause 32 – conditions of hire) | | | | | | | |
| If grand piano required, please state the name of the artist: | | | | | | | |
| Artist: | | | | | | | |
| | | | | | | | |

8. Special Requirements

Please confirm Hire charges with Caretakers prior to making any payments.

Please note that the fee structure is as follows:

For each hire, there is an initial minimum opening charge of \$333.00, as stated below, then an hourly rate of \$49.00 per hour for each hour the Hall is used for the function. Set up (bump in) and post clean up (bump out) is at \$30.00 per hour.

Example:

Minimum charge \$333.00 - Function Time 4 hours @ \$49/hour = \$196.00 - Bump in & Bump out X 3hours @ \$30/hour = \$90.00 **Total \$619.00**

9. Fees and Charges

| | Monday to Friday | Saturday & Sunday | No. Hours | |
|---|----------------------------|---------------------------------------|-----------|----------------|
| Minimum Charge | \$333.00 | \$333.00.00 | | \$ |
| Hourly Rate | \$49.00 per hour | \$49.00 per hour | | \$ |
| Preparation/Cleaning | \$30.00 per hour | \$30.00 per hour | | \$ |
| Kitchen Only | \$161.00 per day | \$161.00 per day | | \$ |
| | | | | |
| | er nour will de charged wh | | | |
| Overtime Rates apply after 1 Daily Charges if applicable: | | | | - |
| Overtime Rates apply after 1 | 11.30pm. | \$247.00 Per Day. \$86.00 Per Day. | | \$ \$ |
| Overtime Rates apply after 1 Daily Charges if applicable: Data projector (external hire | 11.30pm. | \$247.00 Per Day. | | \$ |
| Overtime Rates apply after 1 Daily Charges if applicable: Data projector (external hire Laptop (external hire to app | 11.30pm. | \$247.00 Per Day. | | \$ |
| Overtime Rates apply after 1 Daily Charges if applicable: Data projector (external hire Laptop (external hire to app Extras | 11.30pm. | \$247.00 Per Day. | | \$ \$ \$ |

10. Insurance Details

A current Public Liability Insurance policy is compulsory for commercial type functions.

Name of Insurance Company:

Sum Insured (minimum \$10,000,000):

| Policy Number: | Expiry Date: |
|--|--------------|
| Has the Policy been endorsed to cover goods sold and supplied? | YES/ NO |

11. Declaration

| I hereby certify that the above information provided is correct and I have received a copy of the Conditions of Hire for the Armidale Town Hall and agree to comply by the conditions as detailed therein. | | | | |
|---|--|--|--|--|
| I understand that the booking is not considered confirmed until all fees and charges are paid and I understand as the Hirer of the hall that I am responsible for the safety and wellbeing of the patrons | | | | |
| using the hall. | | | | |
| Name: | | | | |
| Signature: | Date: | | | |
| | PAYMENT OPTIONS | | | |
| Payment amount must be verified by caretakers and may be made to Council's cashier by cash, cheque or eftpos at 135 Rusden Street, Armidale or by sending a cheque to: Armidale Regional Council, PO Box 75A, Armidale NSW 2350- Please quote receipt code A038 to cashier. | | | | |
| C | Council USE ONLY | | | |
| Hire Charge \$ | Amount Paid \$ Receipt Code - A038 | | | |
| Account to be forwarded Yes | NO Insurance Certificate attached Yes No | | | |
| Facility inspected following event I Yes No Inspected by: I | | | | |
| Booking Entry Date | Record scanned into TRIM | | | |
| / /20 | | | | |
| Name of processing officer Ap | plicant advised of outcome Records stamp | | | |
| | YES 🗆 NO 🗆 | | | |
| Date Approved | KEYS ISSUED (If applicable) | | | |
| | YES 🗆 NO 🗆 | | | |
| Project number-241000.1.1450.165.1370 (Income) | | | | |