135 Rusden Street PO Box 75A Armidale NSW 2350 P: 1300 136 833 council@armidale.nsw.gov.au ABN 39 642 954 203



APPLICATION FOR HIRE www.armidaleregional.nsw.gov.au Gilbert White Memorial Hall (Guyra Community Hall) 2021-2022

1. Information

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

Your information will be stored and used by Armidale Regional Council only for 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 2-7 inclusive.

2. Applicant's Information			
Name	Company/Organisation (if applicable)		
Address			
Town/City	State	re Postcode	
Email Address	Tele	ephone Mobile	
Nominated responsible person/s:			
(This person/s needs to be present and contactable b	v Coun		
Name:		Contact Number:	
Name:		Contact Number:	
Name:		Contact Number:	
3. Function Details			
Name/Type of event:			
Details of event:			
Date/srequested:	_		
Duou quation data.	1	Preparation time:	
Preparation date:		(time required for setting up of function)	
Function start time:	Function end time:		
	(Pleas	se allow for cleaning up time after function)	

Shut down time: (Time the hall will be vacate	ted)			
Is alcohol to be:	ccay			
a) Consumed in the h	hall? □YES □NO	O- Please refer to condition 13- c	conditions of hire	
b) Sold in the hall?	□YES □NO	O- Please refer to condition 13- o	conditions of hire	
Please note that smoking is	s not permitted in any part o	of the building		
4. Seating arrangem	nent			
☐ Details to be supplie	ed by the Hirer			
N/B-It is the responsibility	y of the hirer to number sea	ats if required.		
Number of people attendir	ng:	Special Requirements:		
5. Requirements				
☐ Heating	□ PA System	☐ Lecturn		
☐ White Board	☐ Kitchen	☐ Dining Area	☐ Tables and Chairs	
All the items above are a hired separately.	at no extra cost with an in ho	use Hall booking. The Kitchen an	d or the Dining Area can be	
	be hired by approved organ	isations for external functions.		
☐ Kitchen	☐ Dining Area			
6. Catering				
If kitchen is being us	sed for food preparation	n please provide the followin	na:	
			-3	
Name of caterer:				
Contact Details:				
7. Special Requirements				
Please list any special requirements;				

Are you a financial mem	ber of the Armidale Region	onal Sports Council	Yes	No
Are you a illiancial mem	Monday to Friday	Saturday & Sunday	No. Hours	INO
Minimum Charge	\$175.00	\$175.00	140.110013	\$
Hourly Rate	\$50.00 per hour	\$50.00 per hour		\$
Preparation/Cleaning	\$25.00 per hour	\$25.00 per hour		\$
*Over time rate of \$100.0	0 per hour will be charged	when the event time exceeds	the agreed bool	king time.
Charge Rates as applicable	<u> </u>			
Hire of Kitchen and Dining	Area only	\$125.00 per Day		\$
Hire of Dining Area only	re of Dining Area only \$50.00		\$	
Hire of Tables (per table per day) \$2.20			\$	
Hire of Chairs (per 12 chairs per day) \$17.50		\$17.50		\$
Sub Total				
Less adjustment			\$	
TOTAL FEES AND CHARGE: (As confirmed by Caretakers)			\$	
	nitial minimum opening cha	arge of \$175.00 then an hourly out and cleaning time is charg		
Place confirm hire charge	es with Caretakers prior to n	naking any nayments		

9. 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	

10. Declaration

I hereby certify that the above information provided is correct and I have received a copy of the Conditions of Hire for the Guyra Community 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 well being 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 either the Armidale or Guyra Office or by sending a cheque to: Armidale Regional Council, PO Box 75A, Armidale NSW 2350- Please quote receipt code A038 to cashier.

Council USE ONLY				
Hire Charge \$	Amount Paid \$	Receipt Code - A038		
Account to be forwarded Yes	No □ Insurance Certificate attache	d Yes□ No□		
Facility inspected following event Yes No Inspected by:				
Booking Entry Date		Record scanned into TRIM		
/ /20				
Name of processing officer	Applicant advised of outcome	Records stamp		
	YES NO			
Date Approved	KEYS ISSUED (If applicable)			
	YES NO			
Project number- 241000.1.1450.165.1370 (Income)				