

# APPLICATION FOR HIRE www.armidaleregional.nsw.gov.au Gilbert White Memorial Hall (Guyra Community Hall) 2023-2024

### 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 2-7 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:   |  |  |  |  |
| Deserved the states  | 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) |  |  |  |
|  |  |  |  |  |

| Shut down time:<br>(Time the hall will be vacated)                          |                             |      |                         |                       |  |      |                        |
|---|-----------------------------|------|-------------------------|-----------------------|--|------|------------------------|
|   | Is alcohol to be:           |      |                         |                       |  |      |                        |
| a)  | Consumed in the h           | all? | □yes □no                | - Please              | e refer to condition 13- c                         | ondi | tions of hire          |
| b)  | Sold in the hall?           |      |                         | - Please              | e refer to condition 13- c                         | ondi | tions of hire          |
| Please  | e note that smoking is      | not  | permitted in any part o | f the bu              | ilding   |      |                        |
| 4.  | Seating arrangem            | ent  |                         |                       |  |      |                        |
|   | Details to be supplie       | d by | the Hirer               |                       |  |      |                        |
| N/B-I   | t is the responsibility     | oft  | he hirer to number seat | s if req              | uired.   |      |                        |
| Numb  | Number of people attending: |      |                         | Special Requirements: |  |      |                        |
| 5.  | Requirements                |      |                         |                       |  | L    |                        |
|   | Heating                     |      | PA System               |                       | Lectern  |      |                        |
|   | White Board                 |      | Kitchen                 |                       | Dining Area  |      | Tables and Chairs      |
| hir   | ed separately.              |      |                         |                       | booking. The Kitchen an<br>for external functions. | d or | the Dining Area can be |
|   | Kitahan                     |      | Dining Area             |                       |  |      |                        |
|   | Kitchen                     |      | Dining Area             |                       |  |      |                        |
|   |                             |      |                         |                       |  |      |                        |
| 6.  | Catering                    |      |                         |                       |  |      |                        |
| lf  | kitchen is being us         | ed f | for food preparation    | pleas                 | e provide the followir                             | וg:  |                        |
| If kitchen is being used for food preparation please provide the following: |                             |      |                         |                       |  |      |                        |
| Na  | ame of caterer:             |      |                         |                       |  |      |                        |
| Co  | entact Details:             |      |                         |                       |  |      |                        |
| 7. Special Requirements   |                             |      |                         |                       |  |      |                        |
| Please list any special requirements;                                       |                             |      |                         |                       |  |      |                        |
|   |                             |      |                         |                       |  |      |                        |
|   |                             |      |                         |                       |  |      |                        |
|   |                             |      |                         |                       |  |      |                        |
|   |                             |      |                         |                       |  |      |                        |
|   |                             |      |                         |                       |  |      |                        |
|   |                             |      |                         |                       |  |      |                        |
|   |                             |      |                         |                       |  |      |                        |
| 1   |                             |      |                         |                       |  |      |                        |

| Are you a financial mem   | ber of the Armidale Region | onal Sports Council   | Yes                            | No        |  |
|---|----------------------------|---|--------------------------------|-----------|--|
|   | Monday to Friday           | Saturday & Sunday   | No. Hours                      |           |  |
| Minimum Charge  | \$188.00                   | \$188.00  |                                | \$        |  |
| Hourly Rate   | \$54.00 per hour           | \$54.00 per hour  |                                | \$        |  |
| Preparation/Cleaning  | \$30.00 per hour           | \$30.00 per hour  |                                | \$        |  |
| *Over time rate of \$110.0  | 0 per hour will be charged | when the event time exceeds                                       | the agreed bool                | king time |  |
| Charge Rates as applicable  |                            |   |                                |           |  |
| <b>0</b>  | :.                         | ¢01.00 men Heureur te   | 4 1                            | \$        |  |
| Hire of Kitchen   |                            |   | \$81.00 per Hour up to 4 hours |           |  |
| Hire of Kitchen   |                            | \$322.000 per Day Over  | \$322.000 per Day Over 4 Hours |           |  |
| Hire of Dining Area only  |                            | \$54.00 per Hour  | \$54.00 per Hour               |           |  |
| Hire of Tables (per table p   | er day)                    | \$2.50  | \$2.50                         |           |  |
| Hire of Chairs (per 12 chai   | \$20.00                    |   | \$                             |           |  |
| Sub Total   |                            |   |                                | \$        |  |
| Less adjustment   |                            |   |                                |           |  |
| TOTAL FEES AND CHARGE: (As confirmed by Caretakers)                       |                            |   | \$                             |           |  |
| -   | nitial minimum opening cha | arge of \$188.00 then an hourly<br>out and cleaning time is charg |                                |           |  |
| Please confirm hire charges with Caretakers prior to making any payments. |                            |   |                                |           |  |

## 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 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<br>either the Armidale or Guyra Office or by sending a cheque to: Armidale Regional Council, PO Box 75A, Armidale<br>NSW 2350- Please quote receipt code A038 to cashier. |   |                          |  |  |  |  |
| Council USE ONLY  |   |                          |  |  |  |  |
| Hire Charge \$  | Amount Paid \$                          | Receipt Code - A038      |  |  |  |  |
| Account to be forwarded $Yes\Box$   | <b>No</b> Insurance Certificate attache | d Yes No                 |  |  |  |  |
| Facility inspected following event I 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)  |   |                          |  |  |  |  |