



APPLICATION FOR HIRE OF A COUNCIL PREMISES

About this form

Persons, organisations, companies or other legal entities must use this form to make application to the Norfolk Island Regional Council for the hire of a Council Premises.

Prior to completing this form Applicants must:

- Obtain a copy of Council's 'Conditions of Hire' document, available at: www.norfolkisland.gov.nf, or Customer Care, 9 New Cascade Road, Norfolk Island.
- Read and understand the applicable 'Conditions of Hire'.

How to complete this form

- Ensure that all fields have been filled out correctly in BLOCK LETTERS.
- All fields on this form are mandatory and must be completed before submitting this form.
- Submit this form by email or in person, see Lodgment Details below.

Privacy

Your personal information will be collected, stored, used and treated in compliance with the *Privacy Act 1988 (Cth)* and the Australian Privacy Principles (APP) in force from time to time. Where they are not inconsistent with the above Commonwealth laws, Section 739 of the *Local Government Act 1993 (NSW)(NI)* (protection of privacy) as well as the NSW Model Privacy Management Plan for Local Government and the Privacy Code of Practice for Local Government (NSW) may also be or become applicable to our management and use of your personal information.

APPLICANT DETAILS	
Applicant Name	
Organisation Name	
Type of Organisation (Tick one option)	<input type="checkbox"/> Private/Individual (Represent small group or an individual) <input type="checkbox"/> Non-Profit (attach support documents) <input type="checkbox"/> For Profit / Commercial
Postal Address	
Email Address	
Phone (Work and Mobile)	
Business Purchase Order Number (Quote if required on Council invoice)	
EVENT DETAILS	
Name of requested Council Premises	
Date(s)	
Regular Booking (Tick day(s) and frequency of regular booking)	<input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <div style="text-align: right; font-size: small;">(attach list)</div>
Event Time (allow set-up / pack-up time)	Start Time _____ End Time _____
Event Title and Type	
Number of Guests	

<p>Other Instructions / Intended use (Use this space to advise any special requests e.g. requests for use of facilities, equipment, kitchen or stage/rooms)</p>	
Name of Person Collecting Key	

CHECKLIST / DECLARATION	
Please tick each item. Any required documents not provided will delay the processing of your application.	
<input type="checkbox"/> I have attached a copy of my Public Liability Policy , or <input type="checkbox"/> Council has agreed that I meet the criteria for a 'Casual Hirer' that I have coverage under Council's insurance policy for Casual Hirers (email from Council to be attached to this application).	
<input type="checkbox"/> I confirm that the details provided are correct	
<input type="checkbox"/> I have included the required payment	
<input type="checkbox"/> In signing this form, I acknowledge I have read and accepted the Conditions of Hire including the provision that any risks or incidents be reported to Council immediately or as soon as practicable	
<input type="checkbox"/> In signing this form I acknowledge that I am responsible for the key issued, and I may not lend or copy the key for a third party. I acknowledge that I have read and understood this form, Council's Conditions of Hire applying to the use of the Council Premises hired, and agree to be bound by them. Failure to agree to these terms may result in Council denying me access to the facility.	
SIGNED:	DATE:

FEES AND CHARGES		
	\$ _____	
	\$ _____	
	\$ _____	
TOTAL:	\$ _____	

LODGEMENT DETAILS

Mail: Norfolk Island Regional Council | P.O Box 95 | NORFOLK ISLAND, 2899
Email: customercare@nirc.gov.nf | **Phone:** Free Call 0100
In person: Customer Care Team | 9 New Cascade Road | NORFOLK ISLAND

OFFICE USE		
Fee Paid: \$	Receipt No.:	Date:
CRN:	Date keys collected:	Bond repaid: YES/NO
Damage/cleaning/key charge incurred:	YES/NO	Amount: \$
Risks/incidents reported:	YES/NO	
Comments:		
Approving Officer:		