



# APPLICATION FOR HIRE - PLACES

EVENT NUMBER

TRIM REFERENCE

## APPLICANT DETAILS

(Mr./Mrs./Ms.) Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ P/C: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

NAME OF ORGANISATION (if applicable) \_\_\_\_\_ ABN \_\_\_\_\_

## VENUE DETAILS

DESCRIBE YOUR FUNCTION: \_\_\_\_\_

VENUE: \_\_\_\_\_

DATE(s): \_\_\_\_\_ NUMBER OF PEOPLE ATTENDING: \_\_\_\_\_

TIME OF FUNCTION: \_\_\_\_\_ TO \_\_\_\_\_ (Time to include set up and pack up time)

Are you a not for profit organisation or an Incorporated Community Group? If Yes Please attach <i>Certificate of Incorporation</i> or other relevant documents	YES	NO
Do you have a Certificate of Currency for Public Liability Insurance?	YES	NO

## FUNCTION DETAILS

Is this function to celebrate a birthday? If yes, which age? YES \_\_\_\_\_ NO

Is this function a Hen's or Buck's Party? YES \_\_\_\_\_ NO

Will you be charging an entry fee or selling tickets for the event? YES \_\_\_\_\_ NO

Will you be consuming or selling alcohol at this event? SELLING \_\_\_\_\_ CONSUMING \_\_\_\_\_ NO

Will you be providing a meal during the hire of the venue? YES \_\_\_\_\_ NO

If you are selling food or charging entry and serving food, then a Permit may be required. Contact *Healthy Canning* on 9231 0503 to discuss. A minimum of 30 days' notice is required.

## DECLARATION

I acknowledge that I have read and understood the OneBooking Terms and Conditions which can be found on our website at <http://www.canning.wa.gov.au/onebookingtermsandconditions>. I also acknowledge that I am an authorised representative of the organisation named (If applicable) and am over the age of 18. I assume full responsibility and accept liability should my use of the facility contravene the OneBooking Terms and Conditions. I accept that I may be held liable for replacement and repair of said damage. I hereby give permission for any associated costs to be deducted from my bond (if applicable) or charged to me.

NAME:

SIGNATURE (digital signature accepted):

POSITION HELD (if representing an organisation):

DATE:

### EMAIL DIGITAL FORM

Fill out form digitally **and save this as \*.pdf**. Please attach supporting documents and email to [bookings@canning.wa.gov.au](mailto:bookings@canning.wa.gov.au)

### PRINT, FILL, SCAN and EMAIL

Print and fill in form by hand. Attach supporting documents, scan and email to [bookings@canning.wa.gov.au](mailto:bookings@canning.wa.gov.au)

### PRINT, FILL and POST

Print and fill in form by hand. Attach supporting documents and **mail to:**  
*City of Canning*  
Locked Bag 80 Welshpool WA 6986