



CLARE & GILBERT VALLEYS COUNCIL

All correspondence directed to – 4 Gleeson Street Clare SA 5453
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Web: www.claregilbertvalleys.sa.gov.au ABN 82 461 007 206

SF005 – CLARE TOWN HALL HIRE PERMIT

THIS FORM MUST BE RETURNED WITHIN 7 DAYS OF BOOKING TO ENSURE DATE IS HELD VENUE

**** (Please Circle) ** MAIN HALL / FUNCTION ROOM / MEETING ROOMS**

Date In..... Date Out.....

Time In..... Time Out.....

**YOU MUST INCLUDE SETTING UP & CLEAN UP TIMES IN THE ABOVE SECTION.
HIRERS WILL NOT BE ABLE TO OCCUPY THE FACILITY FOR ANY TIME BEFORE OR AFTER THE TIMES LISTED ABOVE.**

HIRERS DETAILS

Name of Hirer: Contact Person:

Postal Address:

Telephone No: Fax Number:

Regular Hirer: YES / NO (Please Circle – Annual Subscription must be paid for Regular Hirers Status)

EVENT DETAILS:

Type of Event: Approx No. of People Attending Function:

1. The Permit Holder is NOT covered by General Public & Products Liability Insurance. **The Hirer Must Supply Public Risk Insurance of a \$10,000,000 Minimum.**
2. If the Permit Holder wishes to be covered by Council's Public Liability Policy they must state they are non profit organisation or unincorporated group. Exemptions to this will be a the discretion of Council Staff.
3. The Permit Holder agrees to indemnify and to keep indemnified the Council, its servants and agents and each of them from and against all actions, costs, claims, damages, charges and expenses whatsoever which may be brought or made or claimed against them or any of them arising out of or in relation to the issuing of the permit.
4. The Permit Holder shall take out and keep current a public risk insurance policy in the name of the Permit Holder insuring the Permit Holder for the minimum sum of ten million dollars (\$10,000,000) against all actions, costs, claims, damages, charges and expenses whatsoever which may be brought or made or claimed against the permit holder in relation to the activity.
5. The Permit Holder must provide confirmation of insurance to the Council. Such policy shall bear the endorsement of the Insurer indicating the Insurer accepts the indemnity given by the permit holder.
6. The Permit Holder, where appropriate, shall ensure that it is licensed or registered to carry out the activity authorised by the issuing of this permit.
7. The permit is not transferable
8. The Permit Holder shall comply with and give all notices required by any Act of Parliament, Ordinance, Regulation or By-law relating to the activity.
9. No food or drink will be offered for sale by any permit holder without the prior approval of the Council.
10. No music system or amplified sound to be used by any permit holder without the prior approval of the Council.
11. The Permit Holder shall ensure that the site is returned to its original condition including the removal of all rubbish.
12. This permit is liable to be revoked by Council if the permit holder fails to comply with a condition of this permit or may be revoked in any other justifiable circumstance.
13. This permit will not come into operation until proof of the appropriate insurance has been provided to the Council and a copy of this document, signed by the Council has been returned to you.

Please tick if a non-profit organisation or unincorporated group

Large functions such as weddings and concerts etc are required to provide details relating to alcohol, eg, Liquor Licence and must supply a detailed floor plan on the back of this form.

I/We confirm this permit and accept the terms and conditions of hire as contained in the brochure which the Council may determine and agree to pay the prescribed fee before the event.

- Please send an invoice
- Will arrange payment prior to the event
- Hold credit card details for bond

SIGNATURE OF HIRER:

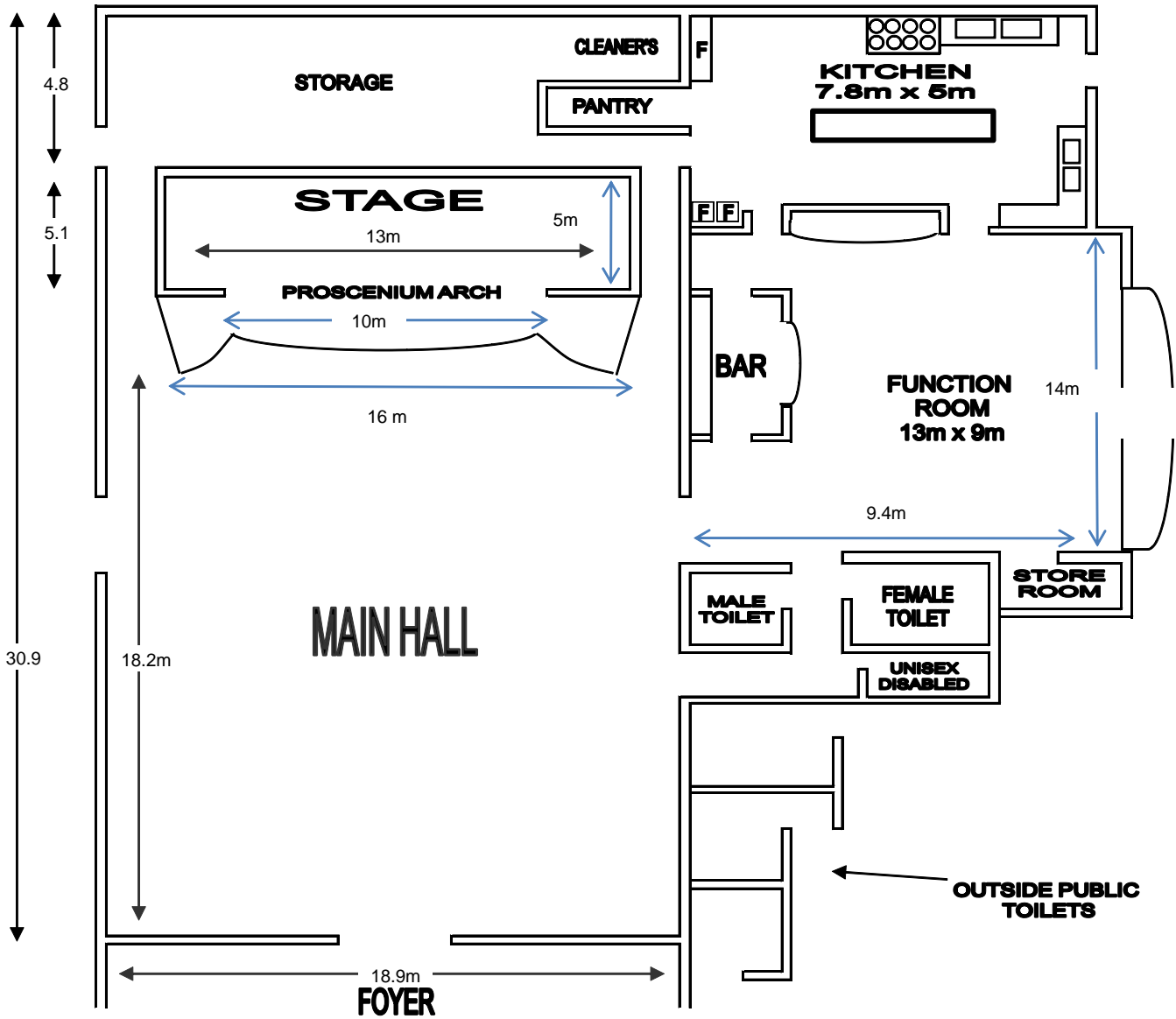
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SF015a – SPECIAL EVENTS / TOWN HALL & FUNCTION ROOM (LARGE EVENTS ONLY)

FLOOR PLAN REQUIREMENTS

Show placement of tables, chairs and any other items to be located in hall, ensuring that all exits are kept clear

← NORTH



OFFICE USE ONLY

Signed by or on behalf of the Council _____

Approved / Denied _____

(Please Circle)

Authorised Officer _____ Signature _____ Date: / /

Confirmed in diary: YES / NO

Date: / /

Regular Hirer: YES / NO

Hire Fee Paid \$.....

Receipt/Invoice No:

Date: / /

PLEASE INDICATE BELOW BY CIRCLING CREDIT IF HOLDING CARD DETAILS FOR BOND/KEY DEPOSIT

Bond/Key Deposit Paid \$.....

Receipt/Invoice No:

Date: / /

CREDIT – BOND/KEY DEPOSIT Name (as it appears on the card):

Visa / Bankcard / Mastercard

Credit Card No: _____

Expiry: /

Bond/Key Deposit Refunded: \$

Cheque Number:

Refund Date: / /