

LICENCE APPLICATION FORM

Date:	
Name of Organisation:	
Organisation Address:	
ABN / Incorporation Number:	
Commercial / Not for Profit	
Organisation Contact Person:	
Contact Phone Number:	
Contact Email:	
President / Director Name:	
President / Director Phone:	
President / Director Email:	
Secretary Name:	
Secretary Phone:	
Secretary Email:	
New Licence (YES / NO)	
Licence Renewal (YES / NO)	Licence Expiry Date: _____
Licence Expiry Date	
LOCATION OF LICENCE	
Location:	
Days of Use:	
Times of Use:	
Daily / Weekly / fortnightly / monthly / Other	
Purpose of Licence:	
PROPOSED TERMS	
Term:	(eg 5 years + 5 Years)
Cost per annum	Formula (as per approved lease and licence policy)
Increase:	In line with the minimum rate or as per approved Licence and licence policy
Public Liability:	Not Less than \$20,000,000
Rates, Electricity, Gas and Water	Paid by Organisation
Maintenance:	Council – Structural, Organisation – fixtures and fittings supplied or fitted by organisation
Special Conditions	
Any Development Required	Specify

Organisation Agrees to renew licence on the terms outlined above	Signature:
	Date:
OFFICE USE ONLY	
Certificate of Title	
Crown Land (YES / NO)	
Purpose in keeping with land dedication:	Purpose:
Community Land (YES / NO)	
Is there an approved Community Land Management Plan? (YES / NO)	
Is the Licence purpose permitted within the Plan? (YES / NO)	
Are there other groups who use the facility? (YES / NO)	
Does the Licence require Public Consultation? (YES / NO)	
Council Report Number:	
Licence Number:	