

FACILITIES BOOKING FORM

Organisation/Group Name (if applicable):		
Contact Person:		
Second Contact Person:		
Postal Address:		
Phone No:	Mobile No:	
Email address:		
Venue Name:		
Purpose of Hire:		
Number of people attending: (Approx.) _____ <i>Please check and abide by capacity numbers for venue (more than 250 people requires an event application)</i>		
Is the booking for a junior organization? (17yrs & under)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the function for a commercial/business organisation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the function not for profit? (Charity, community or sporting group)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dates of Hire: From	To	
Times of Hire: From	To	Total Hours
Please ensure setup and cleaning has been allowed for during booking times		
Seasonal Bookings (If Applicable)		
Seasonal Fixtures Attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Training Days	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
Fees & Charges: Go to the Fees & Charges page here: Fee & Charges		



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CONDITIONS OF HIRE

- The Shire will charge all hirers of Council facilities as per its list of fees and charges, which is reviewed annually in line with the budget.
- All fees and bonds are to be paid prior to the use of the facility.
- Bookings are not confirmed until full payment is received.
- Keys provided to hirers are to be returned by midday of the following business day. If keys are not returned as stated above, the hirer will incur a fee equivalent to one days hire for every day the key is not returned.
- Bonds shall be returned after an inspection of the facility has occurred to ensure compliance with the bond conditions.
- Bookings are taken on a first come first served basis with all regular Council related functions, events and meetings taking priority over external bookings.
- All facilities are to be left as found, in a clean and tidy condition. All crockery and cutlery to be washed and put away. All appliances and bench space clean and wiped down. All furniture to be left as found, clean and tidy.

I, _____ have read
the conditions of the hire and agree to comply with all the conditions.

Date _____

Sign _____



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Part B – Facility Hire, continued (Applicant to complete, as applicable)

Monday	Time of Hire:	To	Total Hrs.:
Tuesday	Time of Hire:	To	Total Hrs.:
Wednesday	Time of Hire:	To	Total Hrs.:
Thursday	Time of Hire:	To	Total Hrs.:
Friday	Time of Hire:	To	Total Hrs.:
Saturday	Time of Hire:	To	Total Hrs.:
Sunday	Time of Hire:	To	Total Hrs.:

Final Dates

1 st Semi	Time of Hire:	To	Total Hrs.:
2 ND Semi	Time of Hire:	To	Total Hrs.:
Preliminary	Time of Hire:	To	Total Hrs.:
Grand Final	Time of Hire:	To	Total Hrs.:

Meeting Dates

AGM Date	Time of Hire:	To	Total Hrs.:
Monthly	Time of Hire:	To	Total Hrs.:

Other

Will alcohol be consumed (BYO only)? ☐ Yes ☐ No
 Will alcohol be sold/served by your organisation? ☐ Yes ☐ No

Any consumption of alcohol requires a Liquor Permit from the Shire of Nannup. Sale or supply of alcohol may also require a licence from <https://www.dlgsc.wa.gov.au/racing-gaming-and-liquor> Please complete 'Permission to Consume Alcohol form on Shire Property' Form attached in this pack and attached a copy of the liquor licence if applicable.

Will the sale of food take place? ☐ Yes ☐ No
Please fill in a food permit form [Temp Food stall](#) Application for Stallholders/Traders Permit or attach a copy of your Food Business Certificate.



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Permission for Consumption of Liquor

Permission is hereby requested for the consumption of liquor in the Shire facility known as _____ on _____ 20 _____

Between the hours of _____ and _____ for the occasion of _____ (function).

Please Note: No person under the age of eighteen (18) years is permitted to consume liquor.

If it is the intention of the Hirer to sell Liquor at the Function listed above, a permit must be obtained.



Permission for Consumption of Liquor

Permission is hereby granted by the Shire of Nannup for the above mentioned Function.

(Signature) Authorised Shire Officer

Name: _____

Date: _____



Emergency Phone Numbers

All Emergencies - Ambulance/Fire Brigade/Police	000
Nannup Shire Office	(08) 9756 1018
Nannup Hospital	(08) 9756 3800
Nannup Police Station	(08) 9756 3555
Water Corporation	13 13 75

Emergency Procedures

Evacuation

1. Remain Calm
2. Attract the attention of people in immediate area and direct them to the nearest exit
3. Ask people to quietly and calmly leave the Facility to the car parks
4. Delegate others to assist with getting people to a safe area (car parks)
5. Notify the appropriate authority and describe:
Your name, Location and Nature of Emergency
6. Ensure everyone is evacuated, including yourself

Fire

1. Ensure Fire Brigade has been alerted
2. Follow Evacuation Procedure
3. Close Doors and Windows- If Possible
- 4.



FACILITIES BOOKING FORM

Inspection Report

Organisation/Applicant: _____

Facility: _____

Date of Hire: _____

Inspection Report	Tick if Satisfactory
Function Room/s	
Table & chairs stacked and returned to storage	
Lights & Heaters Turned 'OFF'	
Floors/Swept/Mopped	
Toilets	
Taps Turned 'OFF'	
Clean	
Kitchen & Bar	
Crockery & Cutlery washed, dried and put away	
Sink/ Benches/Cupboard doors wiped down	
Stove wiped and cleaned	
Fridges wiped over inside and out and left on.	
Rubbish bins emptied	
Floors swept and mopped	

Details of other damage:

Bond to be refunded: **YES/NO**

Venue Inspected by: _____ **Date** _____



NEW/UPDATE CREDITOR



15 Adam Street
PO Box 11
NANNUP WA 6275

Phone: (08) 9756 1018
Email: Nannup@nannup.wa.gov.au

Use this form to request a Creditor to be created or advise changes to contact details.

CREDITOR/SUPPLIER DETAILS

NEW ☐

CHANGE OF DETAILS ☐

Trading Name			
ABN		Registered for GST	
Street Address			
Postal Address			
Telephone Number		Mobile Number	
Email Address			
Contact Person – Surname		First Name	

BANK DETAILS

Name of Account			
Name of Bank			
BSB		Account Number	

Signature: Date :

Creditor Number			
Date Records Updated		Officer's Signature	
Checked By		Officer's Signature	