

Function Room Application

▶ Please complete form in BLOCK LETTERS, tick appropriate boxes, complete all relevant sections and **sign and date** application

Community and Recreation
PO Box 42
RAYMOND TERRACE NSW 2324

APPLICANT DETAILS

NAME:	
ORGANISATION:	
POSTAL ADDRESS:	
SUBURB/TOWN:	POSTCODE
EMAIL ADDRESS:	FAX NO:
PHONE NO:	MOBILE:

FUNCTION DETAILS – Tick boxes applicable to your booking

ELIZABETH WARING FUNCTION ROOM	<input type="checkbox"/>	KING PARK FUNCTION ROOM	<input type="checkbox"/>
Meeting Room	<input type="checkbox"/>	Meeting Room	<input type="checkbox"/>
Kitchen <input type="checkbox"/>	Bar <input type="checkbox"/>	Kitchen	<input type="checkbox"/>
Alcohol on premises	<input type="checkbox"/>	Alcohol on premises	<input type="checkbox"/>

Will you be selling alcohol at your function?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---	-----	--------------------------	----	--------------------------

Will you be selling/consuming alcohol after 9pm?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
--	-----	--------------------------	----	--------------------------

TYPE OF EVENT

Purpose of use:		
Date:	Start Time:	Finish Time:
Approx. Number of people attending:		

FOOD DETAILS

Will you be using Professional Caterers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of Caterer:	Business Phone No:			

AMPLIFIED SOUND

Type of Sound	Band	<input type="checkbox"/>	Public Address System	<input type="checkbox"/>	Amp Output
Other	Start Time:		Finish Time:		

INSURANCE DETAILS

Your organisation must provide or obtain current documentation (**Certificate of Currency**) of public liability insurance (under which the Council is jointly indemnified) and specific to the event being held to the extent of at least \$10 million before the event can be approved. **Please attach copy to this application.**

DECLARATION

- ▶ I declare that I have read and understood the Conditions of Hire.
- ▶ I agree as a representative of the above group to comply with the conditions set by Council and act upon all reasonable direction from any officer of Council or caretaker appointed by Council.

Applicant's Signature	Date:
-----------------------	-------

OFFICE USE ONLY – Approval For Extension Of Licence After 9pm

Request Approved	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
------------------	-----	--------------------------	----	--------------------------

Group Manager Signature	Date:
-------------------------	-------

- ▶ Please post completed application form and supporting documentation to the postal address above or email to council@portstephens.nsw.gov.au