

Expression of Interest Form

Licensing of Council Buildings/Land

Property/Land Ad	ldress:				
Applicant's Detail	ls				
Name					
Position/Title					
Organisation					
Postal Address					
Street Address			Post Co	ode	
Phone			Fax		
Mobile					
Email					
General Informati	on				
Proposed License type	☑ Commercial	⊠ Retail	⊠ Co	☑ Community	
Status of your organisation	区 Commercial / Bus Incorporated - Co 区 Other: Please provide ABN	ommunity, not-for-p	orofit		

Brief outline of Licence proposal	
Licence Term	years Please advise if other term requested:
Proposed Licence Start Date	
Proposed Hours & Days of Operations	
Rebate Requested (if applicable)	Subject to the completion of Port Stephens Council CLTP Questionnaire
Proposed Fit-Out works (if applicable)	
Other user groups involved (if applicable)	
Additional Notes (Office Use Only)	

ASSESSMENT CRITERIA

Expressions of interest should address the following 3 key criteria, supply references and any additional comments.

Please respond to the following criteria to assist Council in assessing your application.

Please forward the completed form via email to: Community Contracts communitycontracts@portstephens.nsw.gov.au

Facility Suitability:
Describe how your service will complement the local community.
Key Criteria 1: Facility Use
Describe in more detail the proposed use of and the activities that will be undertaken in the facility. Target audience, community benefit etc.
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Key Criteria 2: Economic Benefit
Describe how the proposed use of the facility will encourage and provide positive community and economic benefits and values to the community
Key Criteria 3: Assets Management
Describe how the facility will be developed, managed and maintained.
Describe new the racinty will be developed, managed and maintained.

References			
Provide two references (Example: Current or previous	ous Commercial F	Real Estate Agent)	
Additional comments:			
Acknowledgement and Declaration	on		
I/We declare that the information detailed in this form my/our knowledge.	n is true and accu	rate to the best of	
Applicant/Authorised Representative:			
Signature:			
Date:			