

BRISBANE CITY COUNCIL ABN 72 002 765 795

Community Lease Renewal Application

Send completed form and attachments to:

Brisbane City Council Community Leasing Unit GPO Box 1434 BRISBANE QLD 4001

1	Organisation's details		Do	es y	our org	anisat	tion intend to apply for a liquor and/or gaming				
	Name				7		ing the term of any proposed lease?				
			No			Yes	Please give details				
	ABN										
	Postal address										
	Postcode										
	Phone number	Fax number									
	Thomas named										
	E-mail	E-mail									
							r organisation will seek Council's consent to during the term?				
	Proposed Lease Area address				7						
			No			Yes	Please give details				
		Postcode									
2	Organisation's history										
	Does your organisation have	any paid professional employees, for									
		s, players, ground staff, tutors,									
	co-ordinators?										
	No Yes Ple	ease give details									
			Pro	vide	other i	elevai	nt details on the history of your organisation				
		any licences, for example: <i>liquor licence,</i>									
	gaming machine licence?										
		ease give details and attach recent									
	CO	pies									

	Executive details For lease negotiations		5 Membership breakdown						
I	Please tick the primary contact person and give details			Female	Male	TOTAL			
	President		Adults						
	Name		Children						
	Business Phone number		TOTAL						
	After Hours Phone number	6	Key Performar						
	Attel Hours I Hote Humber			uidelines for furti					
			Demonstrate the need for your organisation's activities in the loca area, or within the city						
	E-mail		arca, or within	T the oity					
Г									
L	Treasurer								
	Name	,							
	Business Phone number								
	After Hours Phone number								
	E-mail								
]							
					ation will function	n as an integral			
Γ	Secretary		member of the	e local communit	У				
	Name								
	Business Phone number	J							
	After Hours Phone number								
	Atter flours i flore number								
	E-mail	1							
г									
L	Community Liaison Officer								
	Name	1			multi-use of the	facility (including			
			days and hour	rs of operation)					
	Business Phone number								
	After Hours Phone number								
	E-mail								
	L Hall]							
	Annual Canaval Maskins								
	Annual General Meeting								
I.	Date of next AGM								
	/ /								

Good Neighbour Practices	Attachments						
Refer to Good Neighbour Practices booklet	Please attach the following documents to your application						
Provide details of 'good neighbour practices' and procedures the organisation will adopt to deal with residential disputes should they	Certified copy of Certificate of Incorporation Must be signed by a Justice of the Peace (only if amended during previous term)						
arise during the term. It is mandatory to adopt 'good neighbour practices'	Copy of the organisation's Constitution (only if amended during previous lease term)						
	Copy of most recent audited Financial Statements						
	Copy of Certificate of Currency for \$20M Public Liability Insurance						
	Copy of Certificate of Currency for Building Insurance						
	Copy of current liquor/gaming licences (If applicable)						
	Development Plan Attach completed form						
	Sovoiopinione i nan 7 maasii oo impiotoo io iiii						
	9 Applicant's details						
	Name						
	Name						
	Position in Organisation						
	Signature						
	Date						
	1 1						