

COOMALIE COMMUNITY GOVERNMENT COUNCIL



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FACILITY HIRE AGREEMENT

Name of Hirer / Company: _____

Postal Address: _____

Email Address: _____

Responsible Person: _____

Mobile: _____

Description of Facility	Proposed Use	Cost
		Total \$

Start Date:	Time:	Signed:
Finish Date:	Time:	Signed:

Will Liquor License be required?	
Type of License	
Application Approved for License	
Copy of License attached	

Signed by: _____
(please print)

Date: _____

Office use only

Amount paid: \$ _____ Rec# _____ Date: _____

Any additional Information: _____