



Ballarat South Community Hub

Managed by the
Ballarat Neighbourhood Centre



Application for Casual Use

Note:

All room bookings are subject to the Casual Hire Agreement conditions of use, which require the facility to be left clean and tidy. Please refer to this document for a full list of conditions

Applicant Particulars	
Group or Organisation	
Contact Details:	Telephone: Mobile: Email:
DETAILS for INVOICING <i>(Account Name and Contact)</i>	Account Name : EMAIL :
Postal Address for invoicing.VIC.....

Booking Dates
Booking Times
Is the Booking Ongoing	No / Yes
Type of Activity	<input type="checkbox"/> RTO : Class <input type="checkbox"/> Meeting <input type="checkbox"/> Community Group Activity Other (please specify).....
Number of people expectedAdults.....Children
Area(s)/Room(s) Required	<input type="checkbox"/> Function Room <input type="checkbox"/> Full <input type="checkbox"/> Half <input type="checkbox"/> Kitchen <input type="checkbox"/> Meeting Room (s) <input type="checkbox"/> Studio Space

Will there be alcohol at this event? <i>(Conditions 4)</i>	No / Yes	Liquor Licence No: <i>(If applicable)</i>
Musicians <i>(Conditions 6.6)</i>	No / Yes	
Electrical/Lighting <i>(Conditions 6.9.5,6.9.6)</i>	No / Yes	
Security <i>(conditions 7.1 & 7.2)</i>	No / Yes	
No Smoke Machines or Animals <i>(conditions.6.9.6)</i>	No / Yes	
Conditions Initial and Read	No / Yes	

NOTICE: FOOD SAFETY INFORMATION

To assist in processing your application in relation to the requirements of the Food Act 1984, you are required to advise Management of the Ballarat Neighbourhood Centre if you will be serving food at your function.

Please mark the box below which best describes your function. ✘

- No food** will be served at my function.
- Guest BYO food** and drinks for own consumption.
- Outside Catering In-house Catering

If you ticked either Outside Catering or Self Catering, please complete the following.

1. Do you have?

- Food Act Registration
Registration Number: _____
Council where caterer is registered (if not Ballarat): _____

(NB: if registered in another Council, a statement of trade needs to be provided to the City of Ballarat)

and/or

- Food Safety Supervisors Certificate:
FSS No: _____

and/or

- Food Handlers Certificate:
Food Handlers Certificate No: _____

PRINT NAME: APPLICANT: _____

SIGNED: _____ **DATE:** _____

On Behalf of: *(Business Name)