

## **PAROO SHIRE COUNCIL**

## Mobile Catering Equipment Booking

APPLICATION DETAILS											
Date of application:		Date equipment required:									
Time using the equipment:											
Contact name/organisation:											
Address:											
Where equipment to be used											
Contact phone number:											
Type of function:											
MOBILE CATERING EQUIPMENT REQUIRED Prices are per item, per day											
Cold room \$75.00 Qua	untity required:	Tent \$50.00	Quantity required:								
Portaloo \$75.00 Qua	antity required:	Bartables (each) \$50.00	Quantity required:								
BBQ trailer \$75.00 Qua	untity required:										
Tables \$5.00 Qua Available from Wyandra a		Chairs \$1.00  Available from Wyandra a	Quantity required: and Eulo town halls only								
SECURITY DEPOSITS AND SURCHARAGES Tick all those that apply											
Security deposit - portale  Note: the total security de	oo \$20 eposit is required at least 24 i	0.00 per item (refundable) hours in advance.	Quantity required:								
	chairs <u>or</u> tables hired \$10 eposit is required at least 24 i		Quantity required:								
	hairs <u>and</u> tables hired \$15 eposit is required at least 24 i		Quantity required:								
Security deposit - all oth Note: the total security de	er equipment \$20 eposit is required at least 24 I	0.00 per item (refundable) hours in advance.	Quantity required:								
	l room/BBQ trailer) \$47 n standard cleaning required	.00 (refundable) d. Amount taken out of securit	Quantity required: y deposit if necessary.								
Portaloo cleaning surcha	irge \$73 n standard cleaning requirec	.00 (refundable) d. Amount taken out of securit	Quantity required: y deposit if necessary.								
Portaloo emptying surch Only charged if more that		.00 (refundable) d. Amount taken out of securi	Quantity required: ty deposit if necessary.								

TOTAL: \$\_\_\_\_\_\_ Including security deposit/s



Insurance provider:

Invoice number:

**Total cost:** 

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REQUES	<b>TS</b> If required										
INDEMNI'	ТҮ										
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out. ragie	e to pay for any re	Jans	WITTETT	ay oc	cui wiiisi	tilling care.					
			_								
Applicant signature			Name of applicant			D	Date				
Witness signature		_	Name of witness			Date					
Please re	turn the form to a	nd/o	r for mo	re inf	formatio	n contact:					
Paroo Sh	ire Council										
<b>Phone:</b> (07) 4655 8400					Email:	council@paroo				/005	· 0\
By post:	Attn: Mobile Cate Paroo Shire Cou	_	Hire		In perso	<b>n:</b> Civic and Comr 49 Stockyard S	•	erprise	e Centre	(CCE	(C)
	PO Box 75	icit				Cunnamulla Q					
	Cunnamulla Q 4	490									
OFFICE U	JSE ONLY										
Date app	lication received:					Date of booking	available?		Yes		No
Booking registered?		Yes		No	Indemnity form	signed?		Yes		No	

The Information collected in this form will be used by Council for a lawful purpose directly related to the functions and activities of the Council. Your personal details will not be disclosed to a third party outside the process of dealing with your booking, except where required by legislation (including the Right to Information ACT 2009) or as required by the Public Records Act 2002.

Caretaker notified:

Officer's signature: