

**Rate Payer/Applicant Details:**

<b>Organisation Name:</b>			
<b>Contact Name and Office Held:</b>			
<b>Current Postal Address:</b>			
<b>Email Address:</b>			
<b>Phone:</b>		<b>Mobile:</b>	

**Property Details:**

<b>Assessment No.</b>	<b>Property Address</b>

**Application Details:**

<b>Use of property:</b>	
<b>Is any part of the property rented/leased to a third party for commercial use:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, please provide details of frequency and terms/conditions of use:-
<b>Do other organisations use your facility:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, please provide details of frequency and terms/conditions of use:-
<b>Does your community organisation have a gambling licence:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, please provide details:-
<b>Does your community organisation have a liquor licence:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, please provide details:-
<b>Does your community organisation sell alcohol under a Community Liquor Permit - Exemption:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No – If yes, please provide details:-

**Important: Please provide the following supporting documentation:-**

<input type="checkbox"/> The constitution of your Organisation (if incorporated)	<input type="checkbox"/> Audited financial statements for the two prior years (including Auditor's Report)
<input type="checkbox"/> Any relevant information supporting that the organisation is a not for profit entity or otherwise exists for a public purpose	<input type="checkbox"/> Lease documents, if applicable
<input type="checkbox"/> Gaming licence, if applicable	<input type="checkbox"/> Liquor licence, if applicable

**Please note, your eligibility and the approval of this application is assessed on Council's criteria and the information provided to us. The Concession/Rebate will be processed by way of a cheque issued from Council and received to your rates account prior to the rates issue.**

**A new application is required every two (2) years. Council may request information from an organisation on a yearly basis if it considers it necessary.**

**The application form must be completed by the applicant in its entirety (including supporting documentation) by 31 December for the period 1 January to 30 June and by 30 June for the period 1 July to 31 December each year and the application is to remain current for two (2) years.**

**Applicant Confirmation:**

I \_\_\_\_\_ certify the information supplied in this form  
(Full Name and Office Held)  
and attached documentation, to the best of my knowledge, is true and correct.

<b>Signature:</b>	<b>Date:</b> /     /
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**Privacy:**

Council will use any personal information provided for the intended purpose only and for remaining in contact with you. Council is authorised to collect this information in accordance with the Local Government Act 2009 and other Local Government Regulations/Acts. Your personal information is only accessed by persons authorised to do so. Your personal information is dealt with in accordance with Council's information privacy policy and the Information Privacy Act 2009.

**Lodgement of Application:**

<b>Post</b>	Maranoa Regional Council PO Box 620, Roma Queensland 4455
<b>Email</b>	council@maranoa.qld.gov.au
<b>Fax</b>	07 4624 6990

**Deliver to Council Customer Service Centres**

<b>Roma</b> – Cnr Bungil & Quintin Streets	<b>Mitchell</b> – 100 Cambridge Street	<b>Surat</b> – 73 Burrowes Street
<b>Injune</b> – 32 Hutton Street	<b>Yuleba</b> – Stephenson Street	

**Processing (Office Use ONLY):**

<b>Date Processed</b>		<b>Processing Officer</b>	
<b>Trim Doc No.</b>			

**Completed forms to be TRIMMED to SF14/165 and actioned to Rates.**