

## PERMIT TO USE KINGSTON DISTRICT COUNCIL CHAMBERS

Name:	
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Organisatio	on/Business:
Address: _	
Phone Num	nber:
Permit requ	uired for:
	Annual Use of Council Chambers for meetings/functions of the organisation throughout the calendar year. Dates/times each usage to be provided to Council as required.
	Single Use of Council Chambers for a meeting/function to be held on
	200 , between the hours of and

## **General Conditions of Permit**

- 1. Keys for the Council Chambers must be collected by 5pm on the day of the meeting. There is a \$20.00 deposit on the keys, which will be returned to the applicant once the keys have been returned. Keys must be returned by 10 am on the morning after the meeting/function.
- 2. Refreshments for the meeting/function are to be provided by the Permit Holder or requested of Council and subject to condition 3.
- 3. Permission must be sought for the use of items from the Council kitchen ie, cutlery/crockery. These items must be washed and put away at the conclusion of the meeting/function.
- 4. If the meeting/function involves the service of alcohol, permission must be obtained from the Chief Executive Officer and any damage or cleaning costs will be charged to the permit holder.
- 5. At the completion of the meeting/function tables, chairs and other furniture must placed in their original positions.

- 6. All litter resulting from any meeting or function must be removed from the Council Chambers.
- 7. The applicant shall ensure that all doors and windows are securely fastened and lights turned off and the security alarm armed when leaving the Council building.
- 8. Failure to follow the above conditions of permit may result in Council's refusal for future use of the Council Chambers.

I acknowledge that I have read and understand the permit conditions and agree to abide by the conditions outlined above.

Name:		Date:					
Position:		Signature:					
FOR OFFICE USE ONLY	]						
Application Approved: YES/NO							
Approved by:							
Date of Approval:							
TO BE COMPLETED FOR SINGLE USE							
Key Bond Paid YES/NO Key Issued:							
Security Code issued by:							
Alarmnet advised by:	Date:	Time:					
Keys returned:							

## TO BE COMPLETED FOR ANNUAL USE

Date of Meeting	Key Bond Paid YES/NO	Key &Security Code issued YES/NO	Alarmnet Advised (Time/Date/Inititals)	Keys returned (date)