

**EXRESSIONS OF INTEREST APPLICATION FORM**

**A. Respondents must complete the following details**

**Contact Details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Company Name:**  **ACN:**  **ABN:** |  |
| **Mailing Address:** |  |
| **Telephone:** |  |
| **Fax:** |  |
| **Email:** |  |

**Previous Experience**

Please provide details of previous industry experience which demonstrates your ability to succeed in this venture:

|  |  |
| --- | --- |
| **Experience One:** |  |
| **Experience Two:** |  |
| **Experience Three:** |  |

**References**

Please provide contact details of three (3) relevant references:

|  |  |
| --- | --- |
| **Referee 1:**  Name:  Company:  Address:  Phone: |  |
| **Referee 2:**  Name:  Company:  Address:  Phone: |  |
| **Referee 3:**  Name:  Company:  Address:  Phone: |  |

**Proposed Hours of Operation**

The minimum hours of operation are 8.00am – 4.00pm, Monday to Friday.

Please provide details of the proposed hours of operation:

|  |  |
| --- | --- |
| **Days** | **Time/s** |
| **Monday to Friday** |  |
| **Weekends** |  |
| **Public Holidays**  (please note that Burwood Council, Library & community Hub is not open public holidays) |  |
| **Additional Hours** |  |

**Lease Amount**

Please provide details of the offered rental amount:

|  |  |
| --- | --- |
| **Rate:**  Please nominate the amount you would be willing to pay: |  |

**Submission Checklist**

All submission must include:

□ Completed, signed and dated Expression of Interest Application Form

□ Proposed menu and pricing structure

□ Resumé of all respondents

□ Any other supporting documents (please list attached documents):

**B. Acknowledgement and declaration:**

We acknowledge that, by submitting this proposal, we accept and acknowledge that we are bound by the terms and conditions in the invitation.

We declare that we have no direct or indirect conflict of interest in participating in the development outlined in the invitation.

We authorise the Council to contact our Referees as noted above and to obtain from them any relevant information to assist the Council in evaluating this proposal.

**DATED:**

If the respondent is a company:

|  |  |
| --- | --- |
| **SIGNED** for and on behalf of |  |
|  |  |
|  |  |
| **By:** | ) |
|  |  |
|  | **(Sign and Print Name and Title)** |

If the respondent is an individual:

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNED** by: |  |  | ) |
|  | |  |  |
|  | |  | **(Sign and Print Name)** |
|  | |  | |
| In the presence of: | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
| Witness  **(Sign and Print Name and Title)** | |  | |