



Goṇ-Däl Aboriginal Corporation Conducting Business Form

Contact person	
Organisation / business	
Organisation address	
Phone numbers	
E-mail	
Preferred contact mode	<input type="checkbox"/> Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Text <input type="checkbox"/> Email
Description of business activity Additional information attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date	Start date: _____ Finish date: _____
Facilities required	<input type="checkbox"/> Office <input type="checkbox"/> Ablutions <input type="checkbox"/> Common room <input type="checkbox"/> Kitchen <input type="checkbox"/> Undercover area <input type="checkbox"/> BBQ <input type="checkbox"/> Internet <input type="checkbox"/> Whiteboard <input type="checkbox"/> Projector <input type="checkbox"/> Screen <input type="checkbox"/> Printer <input type="checkbox"/> Other
Staff	
Clients / visitors	
Any other information	

OFFICE USE ONLY

MOL / Terms & Conditions	MOL Signed: Yes <input type="checkbox"/> No <input type="checkbox"/> Terms & Conditions signed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance Cover	Certification of currency attached: Yes <input type="checkbox"/> No <input type="checkbox"/> Reason (if no): _____
Fee to be paid	\$ _____
Room/s allocated	
Keys – \$ 50 deposit	Deposit paid: Yes <input type="checkbox"/> No <input type="checkbox"/> Keys allocated: <input type="checkbox"/> Yes No <input type="checkbox"/> Keys returned: Yes <input type="checkbox"/> No <input type="checkbox"/>
Cleaning	Facilities cleaned satisfactorily: Yes <input type="checkbox"/> No <input type="checkbox"/> Additional cleaning needed: Yes <input type="checkbox"/> No <input type="checkbox"/> Cost: \$ _____
Application Approved by Manager (Signature required)	Signature: _____ Date: / / Name: _____