



# Information Form for New Lease/Licence

Postal Address: Locked Bag 155 Coffs Harbour NSW 2450  
Phone (02) 6648 4000; Fax (02) 66484 199; Email: [coffs.council@chcc.nsw.gov.au](mailto:coffs.council@chcc.nsw.gov.au)  
DX 7559; ABN 79 126 214 487  
Administration Building: 2 Castle St Coffs Harbour

**PLEASE NOTE:** This form is **not** an application form. The form provides Council with the information required to prepare a lease/licence. A letter making application for the lease/licence must be accompany this form. Such letter to provide full details to enable Council to consider your request.

*Please complete all sections*

## Lessee Details:

Lessee's Full Name(s):.....  
ABN: ..... Contact: .....  
Guarantor's Full Name (if Lessee is a Pty Ltd company):.....  
Lessee's Postal Address:.....  
Lessee's Service address (must be a place of residence or business - not a post office box):.....  
.....  
Phone (office hours):.....  
Solicitor's Name, Postal Address and Phone:.....  
.....  
Proposed Date of Commencement of Lease: .....

## Insurance Details (Certificates of Currency to be attached where possible):

Public Liability – The following parties must be noted on the policy for their respective rights and interests:

- The Council of the City of Coffs Harbour
- If Crown Land: The Minister for Administering the Crown Lands Act 1989 and the relevant Trust of the land.
- If Regional Park: The NSW Department of Environment and Conservation, Parks and Wildlife Division and Minister Administering the National Parks and Wildlife Act 1974.

Insurance Company:.....  
Contact:.....  
Phone (office hours):.....  
Policy number:.....  
Amount of Cover:.....

## Other (if applicable) –

Type (eg, building replacement):.....  
Insurance Company:.....  
Contact:.....  
Phone (office hours):.....  
Policy number:.....  
Amount of Cover:.....

## Two Business Credit Referees (written references from these people also to be attached):

- 1) Name: .....  
Phone (office hours):.....  
Address: .....
- 2) Name: .....  
Phone (office hours):.....  
Address: .....

*This information is being voluntarily collected to process your application. Your information would comprise part of a public register related to this purpose. The information will be kept by Council and will be disposed of in accordance with the Local Government Disposal Authority. You are entitled to review your personal information at any time by contacting this Council.*