

Live Music Planning Liaison Service

Form Preview

Applicant

* indicates a required field

Name *

Title

First Name

Last Name

Applicant Organisation Name / Venue Name

ABN / ACN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Address of venue / site of activity *

Address

Suburb State Postcode

Email Address *

Mobile *

Landline (optional)

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Please write a brief description of the issue you are hoping to address through the service.

eg. 1-3 sentences

Declaration

Disclaimer: By engaging in the Live Music Planning Advisory Service, applicants agree to the following:

“By engaging with this optional service, the customer releases Council from any liability whatsoever that may arise from advice given or any actions or omissions associated with the giving of such advice (or failure to give advice) and waives the right to make a claim for any such liability. Without limiting the foregoing, the Customer releases Council from any cost, delay or other financial consequence that may arise from advice provided or not provided by this service.”

I have read and understand the disclaimer *

Yes