



## COUNCIL HALL FACILITY FEE WAIVER OR REDUCTION APPLICATION FORM

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### IMPORTANT INFORMATION

Council may consider waiving or reducing hall or facility hire fees for eligible community organisations and groups. Each application is assessed on a case-by-case basis, and approval is not guaranteed. Submitting this form does **not** confirm a booking.

**Eligibility:** Fee waivers or reductions are generally available to:

- Not-for-profit community organisations
  - Charitable organisations
  - Community groups or individuals providing demonstrated benefit to the local community
  - Groups/individuals serving disadvantaged or vulnerable community members
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### SECTION 1 – APPLICANT OR ORGANISATION DETAILS

**Organisation/Group Name** \_\_\_\_\_

**ABN (if applicable)** \_\_\_\_\_

**Organisation Type**

- Incorporated Association  
 Charitable Organisation  
 Unincorporated Community Group  
 Individual Person/Group  
 Other: \_\_\_\_\_

**Primary Contact Name** \_\_\_\_\_

**Position/Role in Organisation** \_\_\_\_\_

**Postal Address** \_\_\_\_\_

**Suburb/Town** \_\_\_\_\_

**State:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Website (if applicable)** \_\_\_\_\_



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## SECTION 2 – HALL OR FACILITY HIRE DETAILS

Hall/Venue Name	_____
Event/Activity Name	_____
Purpose of Hire	_____
Proposed Date(s) of Hire	_____
Start Time:	<b>End Time:</b>
Is this a regular/recurring booking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____
Estimated Number of Attendees	_____
Standard Hire Fee (if known)	\$ _____

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## SECTION 3 – CONCESSION REQUEST

Please indicate the fee reduction you are applying for:

- Full Fee Waiver** (100% reduction)
- Partial Fee Reduction** – Please specify the preferred percentage or amount:

\_\_\_\_\_

**Please note:** Council's decision on the level of any approved reduction is final.

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## SECTION 4 – ORGANISATION DETAILS

**4.1** Briefly describe your organisation/purpose and activities:



**4.3** Does your organisation primarily serve the local community within the Huon Valley municipal area?

Yes  No  Partially

**4.4** Is your organisation financially able to pay the standard hire fee?

Yes  No  With difficulty

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## SECTION 5 – GROUNDS FOR APPLICATION

Please explain why you are applying for a fee waiver or reduction. Include details about:

- The community benefit your event/activity provides
- Any financial hardship your organisation is experiencing
- Whether the event/activity is free or low-cost for attendees
- Any other relevant information to support your application

**Will attendees be charged an entry fee?**

- No – the event/activity is free to attend
- Yes – Please specify the cost: \$ \_\_\_\_\_ per person
- Donations only
-



## SECTION 6 – COMMUNITY BENEFIT

**6.1** Who will benefit from this event/activity? *(Please tick all that apply)*

- General community       Children/Youth       Seniors       People with disability
- Culturally and linguistically diverse communities
- Aboriginal and Torres Strait Islander communities
- People experiencing disadvantage/hardship
- Other: \_\_\_\_\_

**6.2** Does your event or activity align with any of Council’s strategic priorities? *(Please tick all that apply)*

- Community health & wellbeing       Social inclusion & diversity
- Environmental sustainability       Arts & culture       Economic development
- Youth programs       Aged care & support
- Other: \_\_\_\_\_
- 

## SECTION 7 – SUPPORTING DOCUMENTATION

Please attach the following documents where applicable:

- Proof of not-for-profit or charitable status (e.g. ACNC registration, certificate of incorporation)
- Event/activity program or flyer *(if available)*
- Any other documents supporting your application

**Note:** Applications submitted without supporting documentation may be delayed or declined.

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## SECTION 8 – DECLARATION

I declare that:

1. The information provided in this application is true and correct to the best of my knowledge.
2. I am authorised to submit this application on behalf of the organisation named above.
3. I understand that submitting this application does not guarantee approval of a fee waiver or reduction.
4. I understand that Council reserves the right to request additional information to assess this application.
5. I agree to notify Council of any changes to the information provided in this application.
6. I understand that any approved waiver or reduction applies only to the specific booking(s) outlined in this application.

**Full Name** \_\_\_\_\_

**Position/Role** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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## SECTION 9 – SUBMITTING YOUR APPLICATION

**Email:** [hvc@huonvalley.tas.gov.au](mailto:hvc@huonvalley.tas.gov.au)

**Post:** Huon Valley Council

40 Main Street, Huonville TAS 7109

PO Box 210, Huonville TAS 7109

**In person:** 40 Main Street, Huonville TAS 7109

Monday to Friday, 9.00 am to 5.00 pm

**Enquiries:** (03) 6264 0300

*Applications should be submitted **at least 4 weeks before** the proposed hire date to allow sufficient time for assessment.*



# HUON VALLEY COUNCIL

40 Main Street, Huonville  
PO Box 210, Huonville 7109  
hvc@huonvalley.tas.gov.au  
ph: (03) 6264 0300  
ABN: 77 602 207 026

## FOR OFFICE USE ONLY

Date Received

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Received By

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Reference Number

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Supporting Documents Received

Yes       No       Partial

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Referred To

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Date Assessed

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Outcome

- Approved – Full Waiver  
 Approved – Partial Reduction:  
\_\_\_\_\_ (\$ / %)  
 Declined

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Reason for Decision

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Approved By

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Date of Notification to Applicant

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Copy of notification Letter attached to this application

Yes       No

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