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| **APPLICATION TO HIRE CONGLETON TOWN HALL** | **OFFICE** | **ONLY** |
| PLEASE COMPLETE IN BLOCK CAPITALS AND BLACK INK – RETURN TOCongleton Town Council, **The Town Hall is a non-smoking venue**Congleton Town Hall, **(this includes the use of e-cigs)**High Street, CONGLETON, Cheshire. CW12 1BN **Telephone:** 01260 270350 – option 6**E-mail:** info@congletontowncouncil.co.uk  | Deposit Inv. No.  |  |
| Name of applicant:  Address:  Post Code:  e-mail: Name of organisation : Purpose of hire:  | **INVOICE ADDRESS (If different)**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hire charge or depositDeposit of £\_\_\_\_\_ enclosed |
| DATE OF HIRE |  |
| Please tick the room/s and facilities you wish to hire, paying particular attention to the time you need access to the room/s (preparation start) and the time the function is due to start and finish. All guests and the hirer are to have left the building by the clearance finish time. **MINIMUM ROOM HIRE PERIOD IS TWO HOURS** |
| GRAND HALL [ ]  | Preparation Start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Function start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Function Finish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clearance Finish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| LICENSED BAR[ ] PRE ORDERED INTERVAL DRINKS [ ]  | The sale or consumption of alcohol on the premises is only permitted through our licensed bar. Last orders are 12.30am and the latest clearance time is 1.30 amTime from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time finish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SPENCER SUITE [ ]  | Preparation Start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Function start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Function Finish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clearance Finish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CAMPBELL SUITE [ ]  | Preparation Start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Function start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Function Finish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clearance Finish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| BRIDESTONES SUITE[ ]  | Preparation Start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Function start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Function Finish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clearance Finish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CONFERENCE [ ]  FACILITIES [ ] MICROPHONES [ ]  | Flip Chart (please indicate the number – max 3) \_\_\_\_Internet facilityUse of our sound system and microphones (Grand Hall and Bridestones Suite)  |
| PPR/PPL Licences [ ]  [ ] **Door Staff** [ ]  | Will the function include:Public performance of copyright musical worksPublic performance of sound recordings**The Town Council/Commercial Partners reserve the right to hire registered door staff and pass on the cost to the hirer. The number of door staff required may vary dependent upon the nature of the event, for further information please contact Becky on 07900 606 225** |

CATERING [ ]  All catering requirements are provided solely by ‘Congleton Town Hall Events & Parties’

 If you require refreshments, buffets or banqueting, please indicate accordingly

**PLEASE CONTACT Congleton Town Hall (Tel: 01260 270350 Option 6) AT LEAST 10 DAYS BEFORE THE FUNCTION TO CONFIRM FLOOR LAYOUT etc**I / We acknowledge that I / We have read the Conditions and Regulations of Hire and the Official Scale of Charges and hereby confirm that these are acceptable and will be strictly adhered to:
Customer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you intend to use special effects during the course of your hire, written permission needs to be requested **28** days before the event. If this is relevant to your booking please tick one or more of the items listed below that you request permission to use:
 [ ]  pyrotechnics [ ]  smoke machines/s [ ]  dry ice [ ] firearms and/or fireworks [ ] Lasers & strobe lights or similar devices
N.B. It should not be assumed that permission has been granted by ticking one or more of the above.
**For Office Use Only**: Signed:\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Competent Representative (Condition 6.2)
Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Anticipated Tickets on sale
attendance at door
\_\_\_ Persons Yes No