	I alling and 1001 F
Quadrant/Promotional I	$I \in III \cap OS/2U115$

Office use			Q	uadrant/Promotio	nal Lettings/2015
Fee: £	Net	Paid: Cheque/ Cash	Invoice:		
£	VAT	Receipt No:	Date:	Number:	
£	Gross	Added to s/sheet: Y / N	Batch Number: CCM		
Insurance checked: Y / N		Booked to Calendar:	Y/N		
Discounts: CC business (-50%)/ multi booking (-10%)/ new		Permit Number:			
CC business (1 st booking free)/ other (attach approval)					

SWANSEA CITY CENTRE PROMOTIONAL AND EVENT LETTINGS SERVICE

APPLICATION FORM

Please note all applications are subject to availability and terms and conditions. Completing this form <u>DOES NOT</u> constitute a booking. Please circle the relevant answer.

Full Name of organisation:			
Acting of behalf of (if applicable):			
Address:			
	Postcode:		
Lead contact person:			
Title within organisation:			
Land-line telephone number			
(include dialling code):			
Mobile number (if applicable): Email address:			
Are you VAT registered?	Y / N		
Is the above address the same as the billing	Y/N		
address?			
If NO please state the billing address:			
- -			
	Postcode:		
Please circle the nature of your organisation	:		
National Commercial Local Commercial	National Charity Local Charity		
Other:	Charity Number:		
* the determination of local is head-quarters based within the boundary of the City and County of Swansea local authority area			
Please circle the nature of the activity(s):			
General Promotion Leafleting Re	cruitment Product/ Brand Launch/ Opening		
Fundraising Food Tasting Ma	rket-research Entertainment		
Street Trading Event (e.g. market stalls) Other (please state):			

Please provide a brief description of the activity you are planning to do:				
Will your activity involve	ve collecting money	Y/N	If YES, you wi	Il need a special licence.
for charity?	j			t 01792 635600
-				
Will your promotion in		Y/ N		
public up to donating b	by direct debit?			
		Y/N	If VEC, this is	Ctructural Lattinga
As part of your activity any type of structure in		Y/IN		Structural Lettings Canvassing Lettings
any type of Structure in	no the only centre:			Janvassing Lettings
STRUCTURAL LETTIN			SSING LETTING	GS
(If using any vehicle, equ	•	(No stru	ctures)	
which sit on the highway	*			
Preferred dates and sit	les required. I on a monthly booking basis	Should v	ou require further	dates for another month
please fill out a separate ap	plication form.	-	ou roquito furtitor	
	re restricted to two sites per			
	ice Notes for set site location , for example the area immed			
	t under 'Other Site/s Request			oro in the only control,
Date/s	Site/s	Date/s		Site/s
Other site/s request de	teile.			
Other Site/S request de				
Complete for Structura	I Lettings only			
	e vehicle and type of equ	uipment a	and/or other ite	ms that will be used:
Trailer/ vehicle		Generat	or (diesel and sup	er-silent type only)
Annex dimonsions		0		
Approx. dimensions		Output .		
Approx. weight				
Promotional stands/ exhibition boards		Electrical equipment (please list below)		
			•••	,
Quantity				
Marquee/ gazebo		Stage/ p	olatform	
		A		
Approx. dimensions		Approx.	dimensions	
Other (please describe):				

Access	
What time will you require access to the site	(Note: set up must be complete by 10am)
for setting up?	

Health, Safety and Insurance

Y / N If YES, please attach
Y / N
Copy supplied: Y / N

Payment

What is your preferred method of payment?	Invoice	Cheque	Cash
(please circle)			

Special Requirements

Please use this space to outline any special requirements not previously covered:

Declaration:

By signing this form you agree that you/ the organisation you are representing will at all times indemnify and keep indemnified the Council for and against all liability for personal injury (whether fatal or otherwise) and for loss or damage costs claims and expenses howsoever caused or incurred which but for the granting of such permission as aforesaid would not have arisen. *I/We* (as named on this form) also accept that the Council does not warrant or offer any guarantee that the land and/or location is suitable for the purpose intended. *I/We* also agree to abide by the Lettings Terms and Conditions of Use and instructions of the Head of Economic Regeneration and Planning or other duly authorised officer of the Council. *I/We* have read and agree to the Terms & Conditions of Use of the Promotional Lettings Service.

Print Name:	

Signature:	

Date: _____

Thank you for completing this form. We will contact you shortly to confirm arrangements. Please return to City Centre Management, Civic Centre, Room 2.6.3, Swansea, SA1 3SN or email <u>citycentremanagement@swansea.gov.uk</u>.

For queries contact 01792 633095 or visit www.swanseacitycentre.com