

Cook Shire Council 10 Furneaux Street (PO Box 3) Cooktown, QLD 4895 Phone: 07 4082 0500 Email: rates@cook.qld.gov.au Website: www.cook.qld.gov.au

Rates Relief for Charitable Organisations Application Form

Information Privacy Statement:

Your personal information has been collected for the purpose of assessing your application. The collection of this information is in accordance with the *Local Government Act 2009*. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.

APPLICANT DETAILS
Applicant
Contact Name
Postal address
Phone Fax
Mobile Email
PROPERTY DETAILS
PROPERTY DETAILS
Assessment No
Property Title
Property Address
1 Topelly Address
ORGANISATION'S PURPOSE
DENIETIES TO THE COMMUNITY
BENEFITS TO THE COMMUNITY (Please provide details of how Cook Shire residents benefit from the activities of your organisation)
WORKFORCE DETAILS
(Please enter the number of employees for your organisation) Paid Employees Volunteer Employees
r did Employees Volunteer Employees

(Please tick 'yes' or 'no')	OUT THE ORGANISATION OR CLUB		
		YES	NO
,	on registered with ASIC?		
• •	be available upon request on or club audited each year?		
-	e available upon request		
	ation hold a liquor licence?		
If yes, what type:			
Does your organis	ation operate gaming machines?		
EXCLUSIONS (Ticking YES to any of	the following questions will exclude your organisation from Rates Relief)	YES	NO
Does your organis	ation have an annual turnover of more than \$20,000?		
Does your organis	ation rely on predominantly paid labour?		
Is the land area la	rger than 20ha?		
Is the land, or any	part of the land, rented or leased to a third party?		
Is the property us for homeless and (ed for residential purposes other than short-term accommodation		
SIGNATURE OF AF	PLICANT		
	PPLICANT Date /	/	
Signature		/	
Signature Name		/	
Signature Name	Date / This application should be forwarded to:	/	
Signature Name	Date /	/	
SIGNATURE OF AF Signature Name Title	This application should be forwarded to: The Chief Executive Officer Cook Shire Council PO Box 3	/	
Signature Name	This application should be forwarded to: The Chief Executive Officer Cook Shire Council PO Box 3 COOKTOWN QLD 4895		
Signature Name	This application should be forwarded to: The Chief Executive Officer Cook Shire Council PO Box 3 COOKTOWN QLD 4895 Mark your envelope PRIVATE AND CONFIDENTIAL		
Signature Name Title	This application should be forwarded to: The Chief Executive Officer Cook Shire Council PO Box 3 COOKTOWN QLD 4895 Mark your envelope PRIVATE AND CONFIDENTIAL		