

# INFORMATION & DECLARATION OPERATOR 25/26

Vis Number:

## OPERATOR INFORMATION

Business Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Number(s): M: \_\_\_\_\_ W: \_\_\_\_\_

Contact Email: \_\_\_\_\_

ABN: \_\_\_\_\_ Registered for GST: YES / NO

## BOOKINGS

I would like to be listed on the Bookeasy booking platform. Tick this box if you want your inventory to be available to the other 110+ Bookeasy Australian Visitor Centres and Bookeasy agencies for bookings.

15% commission applies unless otherwise advised. Net payment will be remitted to you by the visitor centre that makes the booking. All operators must tick the box to receive bookings through the WCVIBC.

## ACCOUNT DETAILS FOR BOOK EASY EFT PAYMENT

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

BSB Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Remittance Email: \_\_\_\_\_

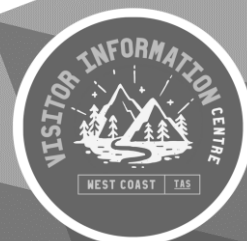
**Please enclose completed Operator Information & Declaration Form, Advertising Agreement Form, Payment and 200 brochures to: West Coast Visitor Information & Booking Centre, PO Box 109, Strahan TAS 7468**

## RETURN COMPLETED FORMS TO:

West Coast Visitor Centre  
P: (03) 6472 6800  
E: [tourism@westcoast.tas.gov.au](mailto:tourism@westcoast.tas.gov.au)  
PO BOX 63 Queenstown TAS 7467  
Esplanade Strahan TAS 7468

WEST COAST

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WESTCOASTTAS.COM.AU

**DECLARATION & INDEMNITY**

In consideration of West Coast Council, trading as West Coast Visitor Information & Booking Centre accepting my application, I warrant that:

- 1. I hold and will continue to hold a minimum of \$20 million Public Liability Insurance in the name of the business detailed below **(a copy of Public Liability Insurance is required)**.
- 2. I hold and will continue to hold all necessary licenses/permits as required by the relevant Local Government Authority, the State Government of Tasmania and/or Commonwealth Government in order to conduct the business detailed below.
- 3. I agree to pay 15% commission on all bookings initiated by the West Coast Visitor Information & Booking Centre for the business detailed below:

Business Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**I DECLARE THE ABOVE INFORMATION TO BE TRUE IN EVERY PARTICULAR TO THE BEST OF MY KNOWLEDGE AND BELIEF**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**DATE**

**OFFICE USE ONLY**

<b>AUTHORISED BY</b>	<b>SIGNED</b>	<b>DATE</b>

Disclaimer

By completing and lodging this form, electronically or by hard copy, you agree to the terms set out in West Coast Council's Privacy Policy which is available on our website.