

THE GIL > BUSINESS INNOVATION SPACE

CLOSING TIME – 11AM, MONDAY, 16 JUNE 2025

I/we wish to submit an expression of interest in utilising the GIL Business Innovation Space

| | |
|---|--|
| Name of contact person: | |
| Business Name: | |
| Business Address: | |
| | |
| ABN: | |
| Phone No: | |
| Email: | |
| Duration of agreement requested: | |

- I/we confirm that I/we have noted requirements
- I/we confirm that I/we have read and are aware of Gilgandra Shire Council's Statement of Business Ethics

Please tick as appropriate:

☐

I/we have attached a proposed business vision

☐

I/we have attached a business plan

| | | | |
|----------------|--|--------------|--|
| Signed: | | Date: | |
|----------------|--|--------------|--|

Please submit this form via email to: council@gilgandra.nsw.gov.au together with the information requested or drop in the Tender Box at Gilgandra Shire Council's Administration building, 15 Warren Road, Gilgandra.