

THE GIL > BUSINESS INNOVATION SPACE

CLOSING TIME – 11AM, MONDAY, 23 JUNE 2025

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

Name of co	ntact person:						
Business N	ame:						
Business A	ddress:						
ABN:							
Phone No:							
Email:							
Duration of agreement requested:							
I/we confir	m that I/we have	noted requ	uirements				
I/we confin Business I	m that I/we have Ethics	read and ar	e aware of	Gilgandra S	hire Cou	ncil's State	ment of
Please tick as	s appropriate:						
I/we hav	∕e attached a pro _l	osed busin	ess vision				
I/we hav	ve attached a bus	iness plan					
Signed:					Date:		
nformation re	it this form via em equested or drop i Varren Road, Gilg	n the Tende					