

LIDCOMBE SHOPPING CENTRE

CASUAL MALL LEASING ENQUIRY FORM

Trading Name: _____

ABN: _____

Contact Name: _____

Address: _____

Mobile/Phone: _____

Email: _____

Dates required: _____

Site required: _____

Website: _____

Site location(s) of interest:

(Please refer to the attached map, we will provide costings based on noted interested sites)

Is a trestle table or chair required? _____

Brief description of the product or service

The licensee must have Public Liability Insurance for a minimum of \$20 million and provide a copy of their insurance to Centre Management with the return of the Casual Mall Leasing Agreement.

Payment must be received and cleared one week prior to the booking commencement.

If you have any queries, please do not hesitate to contact Centre Management on

02 9648 3451 or info@lidcombcentre.com.au

Ground Floor



Level 1

