

Expression of Interest (EOI)

Submission Form

Exclusive Stock Supplier: Alcohol and Associated Services Supplier

1. Applicant Details

Applicants Name:

Business Name:

ABN/ACN:

Address:

Postal Address:

Phone:

Email:

2. Insurance

Applicants must provide Council with the following insurances (including policy wording and certificate of

currency for each insurance type) for the Term of the Agreement;

- i. Public Liability Insurance (minimum \$20 million); and
- ii. Products Liability Insurance (if excluded from Public Liability).

It is the responsibility of the successful applicant to notify Council of any changes or renewals of insurance.

Please attach this information and label 'Insurance Coverage'

☐ **Tick if attached**

3. Food Safety Compliance

Do you propose the provision food products as part of this EOI? Yes / No

If **yes**, provide details below:

Applicants must supply evidence of their Food Safety Compliance including copies of their certification and other requested information. Please attached this information and label "Food Safety Compliance".

☐ **Food Safety Compliance attached**

Provide additional information regarding your product/produce, including, as a minimum, information regarding:

1. Details of ingredients;
2. Information regarding the availability of the product

Alternatively, provide this information as an attachment and label it '**Food – Supporting Information**'.

4. Local Preference

Applicants must provide Council with evidence of their product/business' links to Wagga Wagga and/or the Riverina region, including information relating to the number of local employment positions and the source of ingredients/materials.

5. Products

Council is committed to ensuring the products displayed and sold at the Wagga Wagga Leisure Facilities maintain the values of Council and are presented in a professional manner.

Provide additional information regarding your products and presentation.

Submission must, as a minimum, address the following information in an attachment and label it "Product Presentation"

☐ **Product Presentation attached**

6. References

Provide a minimum of two (2) current non-WWCC business references.

Name:	Name:
Company:.....	Company:
Position:	Position:.....
Address:.....	Address:
.....
Phone No.:	Phone No.:
Details of Contract:	Details of Contract:
.....
.....
.....

7. Price

Provide information regarding your

- Product Offering
- Product Wholesale and Retail Prices,
- Delivery, and
- Minimum Order Quantities.

Please detail any offered Staff training, Customer Support, Marketing Collateral and Any Other Additional Offerings which add value to the offer.

8. Selection Criteria

Proposals will be evaluated on:

- Range & Quality of products
- Additional Products & Offerings
- Capability & Compliance
- Price and Value

9. Declaration

I declare that all the information submitted on this form is true and correct.

Signed:

Date: / /