

**Attachment A: Response Form**

**Q2018-35 Supply of Liquor**

# Schedule 1: Business Information

|  |  |  |
| --- | --- | --- |
| **1.1** | **ABN:** |  |
| **1.2** | **Entity Name:** |  |
|  |  | *(registered under the ABN)* |
| **1.3** | **Trading Name:** |  |
|  |  | *(if different from above)* |
| **1.4.** | **Business Address** |  |
|  |  |  |
| **1.5** | **Contact Details** |  |
|  | ***Contact Person:*** |  |
|  | ***Phone:*** |  |
|  | ***Mobile:*** |  |
|  | ***Email:*** |  |
|  | **Signature:** |  |
| **1.6** | **Bank Details for EFT** |  |
|  | **Bank Account Name:** |  |
|  | **BSB:** |  |
|  | **Account Number:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| **1.7.1** | **Do you have the required Public Liability insurance coverage?** |  |  |
|  |  |  |  |
| **1.7.2** | **Have you attached a copy of your Certificate of Currency with your submission?** |  |  |
|  |  |  |  |
| **1.7.3** | **If ’NO’, are you prepared to obtain the required insurance coverage prior to contract commencement?** |  |  |
|  |  | **Yes** | **No** |
|  |  |  |  |
| **1.8.1** | **Do you have Workers Compensation insurance?** |  |  |
|  |  |  |  |
| **1.8.2** | **Have you attached a copy of your Certificate of Currency with your submission?** |  |  |
|  |  |  |  |
|  |  |  |  |

# Schedule 2: RFQ Requirements

**2.1 Do you agree to the contract terms and conditions?**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
|  |  |  |

**2.2 Do you agree to supply on account with 30 day payment terms?**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
|  |  |  |

**2.3 Do you hold a current Liquor Licence?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
|  |  |  |  |

**2.4 Provide Liquor Licence and Licensee details?**

|  |
| --- |
|  |
|  |
|  |
|  |

**2.5 What are your Trading hours?**

|  |
| --- |
|  |
|  |
|  |
|  |

**2.6 What are the Delivery hours?**

|  |
| --- |
|  |
|  |

**2.7 What is the lead-time required for orders to be delivered?**

|  |
| --- |
|  |
|  |

**2.8 Advise your returns/breakages policy?**

|  |
| --- |
|  |
|  |

**2.9 Please advise if you are able to supply on Delivery Docket with the Invoice to be sent via email direct to our Accounts Payable?**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
|  |  |  |

**2.10 Please provide contact details of key personnel such as:**

|  |  |  |  |
| --- | --- | --- | --- |
| Account Manager / Primary Contact Person | | | |
| Name |  | Title |  |
| Phone |  | Facsimile |  |
| Mobile No. |  | Email Address |  |
| Other | | | |
| Name |  | Title |  |
| Phone |  | Facsimile |  |
| Mobile No. |  | Email Address |  |

# Schedule 3: Pricing Schedule

* 1. **Please complete the pricing schedule below. All pricing provided must be Free into Store (FIS) and GST inclusive.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | **Company Name:** | |  |  |  | |  |  | | | | | | **Description** | **UOM /EA** | **Price** | **UOM /Ctn** | **Price** | **Stock Item Y/N** | |  |  |  |  |  |  | | **Red Wine** |  |  |  |  |  | | Penfolds St. Henri Shiraz | 1 |  | 6 |  |  | | Penfolds Bin 389 Cabernet Shiraz | 1 |  | 6 |  |  | | Grant Burge Filsell Barossa Old Vine Shiraz | 1 |  | 6 |  |  | | Mr. Riggs The Gaffer McLaren Vale Shiraz | 1 |  | 6 |  |  | | St. Hugo Cabernet Sauvignon | 1 |  | 6 |  |  | | Taltarni Shiraz Mourvedre 2015 750 ml | 1 |  | 6 |  |  | | Penfolds Koonunga Hill Shiraz Cab 2015 750 ml | 1 |  | 6 |  |  | | **White Wine** |  |  |  |  |  | | Brokenwood Cricket Pitch Sauvignon Blanc Semillon | 1 |  | 6 |  |  | | Pierro LTC Semillon Sauvignon Blanc | 1 |  | 12 |  |  | | De Bortoli Windy Peak Chardonnay 2016 750 ml | 1 |  | 6 |  |  | | Tahbilk Marsanne 2016 750 ml | 1 |  | 6 |  |  | | **Sparkling** |  |  |  |  |  | | Veuve Moisans Blanc De Blancs Brut NV 750 ml | 1 |  | 6 |  |  | | Mumm Brut Champagne NV 750 ml | 1 |  | 6 |  |  | | **Beer** |  |  |  |  |  | | James Squire One Fifty Lashes Pale Ale | 6 |  | 24 |  |  | | Cascade Premium Light | 6 |  | 24 |  |  | | Peroni Nastro Azzuro 345ml | 6 |  | 24 |  |  | | Birra Moretti 330ml | 6 |  | 24 |  |  | | Tooheys Extra Dry Stubbies 345 ml | 6 |  | 24 |  |  | | Heineken Lager 330 ml | 6 |  | 24 |  |  | | Crown Lager 375ml | 6 |  | 24 |  |  | | Pure Blonde 355ml | 6 |  | 24 |  |  | | **Spirits** |  |  |  |  |  | | Johnnie Walker Black Label Blended Scotch Whisky 700 ml | 1 |  | 12 |  |  | |  |  |  |  |  |  | | **Delivery Charges (if not FIS)** |  |  |  | **Cost/ Ctn** |  | | 30 Frances St, RANDWICK |  |  |  |  |  | | Prince Henry Centre, LITTLE BAY |  |  |  |  |  | | La Perouse Museum, LA PEROUSE |  |  |  |  |  | |  |  |  |  |  |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3.2** | **Any further discounts offered?** | **YES** |  | **NO** |  |
|  | If yes, please provide details |  | |  |  |
|  | | | | |
|  | | | | |
|  | | | | |

# Schedule 4: Declaration

|  |
| --- |
| **Declaration** |
| I have read and understood the Statement of Business Ethics and agreed to abide by these conditions in all dealings with Council.  I also state the information provided in this response is accurate, to the best of my knowledge.  *Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |