

Request for Inspection of Premises
Food Premises - Section 54 of the Food Act 1984
Health Premises - Public Health and Wellbeing Act 2008

Council Use Only	
Receipt Number :-	<input type="text"/>
Date Paid:-	<input type="text"/>
Amount:-	<input type="text"/>

al City Council
 0 2600
a.vic.gov.au

Fields marked with an asterisk (*) are mandatory and must be completed.

Council Specific Information

All proprietors must sign this form.

Applicant Details

Title*	Surname*	Given Name 1*	Given Name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address

Street Address*

Suburb / Town*

State*

Postcode*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postal Address (if different from above)

Postal address

Suburb / Town

State

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contact Details

Please provide at least one phone number and include the area code*

Business Phone

After hours phone

Business Fax

Mobile

() <input type="text"/>	() <input type="text"/>	() <input type="text"/>	() <input type="text"/>
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Email

Premises details

Address of premises to be inspected

Street Address*

Suburb / Town*

State*

Postcode*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Proposed settlement date (if known)

Consent to disclose information

As the current proprietor/s, I/we consent to providing the applicant with the disclosure of any information and the publication of any documents in your possession or power relating to the said food premises, whether the information or the documents were obtained in connection with the administration of the Food Act 1984 and Public Health and Wellbeing Act 2008 or otherwise.

Current proprietor 1

Full Name

Signature

Date *

<input type="text"/>	<input type="text"/>
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Current proprietor 2 (if applicable)

Full Name

Signature

Date *

<input type="text"/>	<input type="text"/>
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Current proprietor 3 (if applicable)

Full Name

Signature

Date *

<input type="text"/>	<input type="text"/>
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Payment Details

Fees and Charges 2017/2018 - Pre-Purchase Inspection Report

Note: If a pre-purchase inspection report is requested in less than 7 days an additional fee of \$25.00 applies.

Food Act:

Class 1 Premises	\$178.00
Class 2 Premises	\$175.50
Class 3 Premises	\$111.50
Class 4 Premises	\$000.00

Public Health and Wellbeing Act:

Prescribed Accommodation	\$83.50
B&B > 5 Beds (Unsewered with a private water supply)	\$52.50
B&B > 5 Beds (In Town)	\$42.50
Optional Registration B&B < 6 Beds (Unsewered with a private water supply)	\$31.50
Optional Registration B&B < 6 Beds (In Town)	\$26.50
Personal Care and Body Art Premises	\$67.50

Acknowledgement

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge.
- This application forms a legal document and penalties exist for providing false or misleading information.
- Agency name may refuse this application if it becomes evident that any information or supporting documents provided are incomplete or false.

By marking this checkbox I confirm that I have read and understood all the statements above *

Name of person completing this application *

Date *

Signature of person completing this application *

Privacy Statement

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to Council Privacy statement located at: www.benalla.vic.gov.au

Lodgement

If you intend to post or fax this form please use the details provided below:

Benalla Rural City Council
PO Box 227
Benalla VIC 3672

Telephone: 03 57 602600
Fax: 03 5762 5537
Email: council@benalla.vic.gov.au
Website: www.benalla.vic.gov.au