BENALLA Request for Inspection of		
Premises	Council	Use Only
RURAL CITY RURAL CITY Residential Tenancies (Caravan Parks and Movable Dwellings Registration and Standards) Regulations 2010, Food Premises - Section 54 of the Food Act 1984,	Receipt Number	
Health Premises - Public Health and Wellbeing Act 2008	Date Paid	
Benalla Rural City Council Tel: 03 5760 2600 <u>www.benalla.vic.gov.au</u>	Amount	

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

	must sign this form.					
	~					
Applicant details						
Title*	Surname*	Given Name 1*	Given Name 2			
Street Add Street Add						
Suburb / To	own*	State * Pos	tcode *			
Postal Add Postal addi	d ress (if different from abov ress	e)				
Suburb / To	own	State Pos	tcode			

Premises details						
Address of premises to be inspected Street Address *						
Suburb / Town *	State *	Postcode *				
Proposed settlement date (if known)						

Consent to disclose information

As the current proprietor/s, I/we consent to providing the publication of any documents in your possession information or the documents were obtained in conne <i>Public Health and Wellbeing Act 2008</i> or otherwise.	or power relating to the	e said food premises, whether the
Current proprietor 1		
Full Name		
Signature	Date *	
Current proprietor 2 (if applicable)		
Full Name		
Signature	Date *	
Current proprietor 3 (if applicable)		
Full Name		
Signature	Date *	
Pavn	nent details	
Fees and Charges 2023/2024 - Pre-Purchase Residential Tenancies (Caravan Parks and N		gistration and
Standards) Regulations 2010 – (covered by S Food Act:		
•	203	
•	202 167	
•	130	
Public Health and Wellbeing Act:	*or	
	\$95 \$78	
Note: If a pre-purchase inspection report is r additional fee of \$25.00 applies.	requested in less than	7 days an

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 *

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 email this form please use the details provided below:

Benalla Rural City Council PO Box 227 Benalla VIC 3671 Telephone: 03 5760 2600 Email: council@benalla.vic.gov.au Website: www.benalla.vic.gov.au

Date *