

Request for Information & Documents (Health Unit)

Warrnambool City Council

(03) 5559 4800

www.warrnambool.vic.gov.au

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

Council specific information

Council is collecting the information on this form so that it may consider your application. The information is only used by Council for this purpose and will not be disclosed unless required under law.

Premises Details

Trading name of premises *

Premises Address

Street address / postal address *

Suburb / Town *

State *

Postcode *

CURRENT Proprietor Details

Proprietor (If the proprietor is a partnership rather than sole ownership, both names should be listed. If the proprietor is a company or an organisation, the company name should be listed).

Title *

Surname *

Given name(s)*

Proprietor 2 (if applicable)

Title *

Surname *

Given name(s)*

Company name (if applicable)

I / we HEREBY CONSENT to the disclosure of any information and the publication of any documents in your possession or power relating to the said Food / Health Premises Registration where the information or documents were obtained in connection with the administration of the Food Act 1984 / Public Health & Wellbeing Act 2008 or otherwise to:

APPLICANT Details

Title *

Surname *

Given Name(s) *

Company Name (if applicable)

Address

Street address / Postal address *

Suburb / Town *

State *

Postcode *

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

Business phone

Home phone

Business fax

Mobile

Email *

Payment Details

Please refer to the Environmental Health Department fees and charges table for:

Transfer fee: Inspection request fee prior to transfer: within 5 or 10 business days.

This fee is to be paid prior to inspection.

Lodgement

Return with payment to:

Environmental Health
Warrnambool City Council Telephone (03) 5559 4800
PO Box 198 Fax (03) 5559 4900
Warrnambool VIC 3280 Website: Warrnambool.vic.gov.au

** Please allow 14 working days for this application to be processed.*

Declaration

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
- I am over 18 years at the time of completing this application

If the business is owned by a sole trader or partnership, the proprietor(s) must sign and print name(s)

If the business is owned by a company or association – the applicant on behalf of that body must sign and print their name.

CURRENT proprietor

Signature
Print name
Date

Signature
Print name
Date

Proposed transfer date:	
-------------------------	--

Office Use Only	Receipt Date:	Receipt #	Amount:	CSO Initials:
Account Number: 2300-1044-41158				