TRANSFER INSPECTION
AUTHORITY TO DISCLOSE INFORMATION & DOCUMENTS
FOOD ACT PREMISES

APPLICANT DETAILS **PROCESSING TIME: 10 WORKING DAYS**

Name:_____

Postal Address _____

Contact Number: _____ Mobile: _____

E-mail:_____

Request a transfer inspection for _____
(Trading name of food premises)

Address of Premises _____

Proposed Settlement Date: _____

Signature of applicant: _____ Date:_____

PROPRIETOR CONSENT

I/We:_____
(Name of proprietor/s)

Of_____
(Address of proprietor/s)

being the proprietor/s of the food premises at

_____
(Trading name & address of food premises)

Contact Number: _____ Mobile: _____E-mail:_____

within Wyndham City consent to the disclosure by the Environmental Health Unit of any information and the publication of any documents in its 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*.

PERSON TO WHOM THE INFORMATION OR DOCUMENT IS TO BE DISCLOSED OR PUBLISHED

Name:_____

Address:_____

Contact Number: _____ Mobile: _____

E-mail:_____

_____ _____
Signature of Current Proprietor (1) **Signature of Current Proprietor (2)**

Premises	75% of renewal fee
Sporting Clubs	$40

Office Use Only

Fee _____

Date _____

Receipt No _____

Privacy Collection Statement

Your personal information is being collected by Council for Environmental Health Department purposes. Your information will be stored in Council's Customer Database and used to identify you when communicating with Council and for Council to deliver services and information to you. For further information on how your personal information is handled, visit Council's Privacy Policy.