



TRANSFER INSPECTION
AUTHORITY TO DISCLOSE
INFORMATION & DOCUMENTS
PUBLIC HEALTH & WELLBEING 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 health 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 health 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 health premises whether the information or the documents were obtained in connection with the administration of the *Public Health and Wellbeing Act 2008*

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)

Office Use Only: **Fee applicable \$182.00***

Fee: _____ Date: _____ Receipt: _____

*not within the scope of the GST

Your personal information is being collected by Wyndham City Council under the laws administered by Local Government. Your information will be stored in Council's Customer Database and used to deliver Council services to you in accordance with Council's Privacy Policy. For further information on how your personal information is handled, visit Council's Privacy Policy at http://www.wyndham.vic.gov.au/aboutwyndham/wyndhamcity/customerservice/information/privacy_policy