

# REQUEST FOR INSPECTION OR ASSESSMENT OF PROPOSAL

## 1. APPLICANT DETAILS

I (Applicant/Agent name): \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## 2. PROPERTY WHERE INSPECTION IS REQUESTED

Unit No: \_\_\_\_\_ Street No: \_\_\_\_\_ Street Name: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

## 3. PARTICULARS REQUESTED

## FEE STRUCTURE (GST INCLUSIVE)

- |   |          |
|---|----------|
| <input type="checkbox"/> Inspection for future Food Act Premises                      | \$196.00 |
| <input type="checkbox"/> Inspection for future Public Health & Wellbeing Act Premises | \$196.00 |
| <input type="checkbox"/> Other Inspection (e.g. Amendment to existing premises)       | \$196.00 |
| <input type="checkbox"/> Assessment of Proposal for Mobile Hairdressing               | \$196.00 |

### **Agents**

*A person shall not act as the agent of an owner or other person having equity in the property unless he/she is authorised in writing by the owner to do so.*

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### **Office Use Only**

Date: \_\_\_\_\_ Application ID: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

**Charge Types: Food Act – HLFReqIns OR Public Health & Wellbeing Act – HLHReqIns**

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](http://www.wyndham.vic.gov.au/aboutwyndham/wyndhamcity/customerservice/information/privacy_policy)

#### **4. CURRENT OWNERS CONSENT & DETAILS (if applicable)**

First Name & Surname \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Trading Name: \_\_\_\_\_

Trading Address: \_\_\_\_\_

Current Registration Number \_\_\_\_\_

Contact Number \_\_\_\_\_

E-mail: \_\_\_\_\_

#### **5. DECLARATION**

**By signing the declaration below, I provide authority and consent for Wyndham City to disclose business details, information and documents to the applicant, inclusive of information documentation obtained during the administration of the Food Act 1984.**

##### ***Business Owner One:***

Print business owner name/Company Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

##### ***Business Owner two:***

Print business owner name/Company Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

##### ***Agents***

*A person shall not act as the agent of an owner or other person having equity in the property unless he/she is authorised in writing by the owner to do so.*

#### **How to lodge your application**

<b>By email</b>	<b>In person</b>	<b>By mail</b>
mail@wyndham.vic.gov.au	Wyndham City Council 45 Princes Hwy Werribee VIC 3030 8.00am to 4.30pm Monday to Friday	P.O Box 197 Werribee VIC 3030

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*If you need to speak with us, please call 1300 023 411 to be transferred to the relevant department.*