

Request for Inspection of Premises

Food Premises - Section 54 of the *Food Act 1984*
Health Premises - *Public Health and Wellbeing Act 2008*

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

Applicant Details

Title*		Surname*		Given Names*	
Street Address*					
Suburb/Town*		State*		Postcode*	
Phone Number*		Mobile*			
Email address*					

Postal Address (if different from above)

<input type="checkbox"/> PO Box	<input type="checkbox"/> GPO Box	<input type="checkbox"/> Private Bag	<input type="checkbox"/> Locked Bag	<input type="checkbox"/> RRN	<input type="checkbox"/> RSD
Street Address*					
Suburb/Town*		State*		Postcode*	

Premises Details

Details of Premises to be Inspected

Business Trading Name*					
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 applicant with the disclosure of any information and the publication of any documents in your possession or power relating to the said premises, whether the information or the documents were obtained in connection with the administration of the *Food Act 1984* and *Public Health and Wellbeing Act 2008* or otherwise.

Current Proprietor 1

Full Name*		Date*	
Signature*			

Current Proprietor 2 (if applicable)

Full Name		Date	
Signature			

Current Proprietor 3 (if applicable)

Full Name		Date	
Signature			

Payment Details

Please see fees below:

» Request for Inspection of Premises \$220.00 Incl. GST

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.

By marking this checkbox I confirm that I have read and understood all the statements above.

Name of person making this application*		Date*	
Signature of person making this application*			

Privacy Statement

City of Casey is committed to protecting your privacy. Your personal information will be handled in accordance with the *Privacy and Data Protection Act 2014*. All personal information collected by the City of Casey will only be used for the purposes outlined within our Privacy Policy. Council's Privacy Policy is available from our website www.casey.vic.gov.au/council/your-council/privacy and all Council Customer Service Centres. For further information about how Council manages and uses your personal information or how you can access and/or amend your personal information please contact Council's Privacy Officers via our website www.casey.vic.gov.au/council/contact/feedback-form or by calling on 9705 5200.

How to lodge and pay



By mail (cheque or money order only)



In person (eftpos, cash, visa, mastercard, cheque or money order)

Do not send cash by mail. Enclose a cheque or money order made payable to 'City of Casey' and post the completed form and payment to:

City of Casey
PO Box 1000
Narre Warren VIC 3805

Narre Warren

Bunjil Place, Patrick Northeast Drive
Monday - Friday: 8:30 am - 5:00 pm

Cranbourne

Cranbourne Park Shopping Centre
Monday - Friday: 9:00 am - 5:00 pm
Saturday: 9:00 am - 12:00 pm

Offices not open on public holidays.

Contact City of Casey

03 9705 5200

NRS: 133 677 (for the deaf, hearing or speech impaired)

TIS: 131 450 (Translating and Interpreting Service)

caseycc@casey.vic.gov.au

casey.vic.gov.au

facebook.com/CityOfCasey

[@CityOfCasey](https://twitter.com/CityOfCasey)

PO Box 1000
Narre Warren VIC 3805

Customer Service Centres

Narre Warren

Bunjil Place,
Patrick Northeast Drive

Cranbourne

Cranbourne Park
Shopping Centre