

# PREMISES INSPECTION REQUEST

## OVERVIEW

If you are buying a health or food business, you can request an inspection prior to settlement to ensure the premises complies with the relevant Act requirements.

## APPLICATION TYPE

**Inspection Fee**            \$270.00 GST exempt

Standard request (report provided within 5 business days)

Urgent request (report provided within 2 business days).  
50% surcharge on standard request fee.

Contact Council's Environmental Health team on 9705 5200 to obtain an invoice.

## LODGEMENT



**EMAIL:**  
[caseycc@casey.vic.gov.au](mailto:caseycc@casey.vic.gov.au)



**IN PERSON:**  
**Bunjil Place Customer Service**  
2 Patrick Northeast Drive, Narre Warren



**MAIL:**  
City of Casey  
PO Box 1000,  
Narre Warren, VIC 3805

**Cranbourne Customer Service**  
Shop 61, Cranbourne Park Shopping Centre

*Please refer to the City of Casey website for opening hours*

## 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 purpose outlined within our Privacy Policy. Council's Privacy Policy is available from our website [www.casey.vic.gov.au](http://www.casey.vic.gov.au) 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](http://www.casey.vic.gov.au) or by calling on **9705 5200**.

### Contact the City of Casey:

**Web:** [casey.vic.gov.au](http://casey.vic.gov.au)  
**Email:** [caseycc@casey.vic.gov.au](mailto:caseycc@casey.vic.gov.au)  
**Phone:** 03 9705 5200  
**Post:** PO Box 1000, Narre Warren VIC 3805  
**NRS:** 133 677 (for the deaf, hearing or speech impaired)

### Customer Service Centres:

**Narre Warren:** Bunjil Place, Patrick Northeast Drive  
**Cranbourne:** Cranbourne Park Shopping Centre  
**ABN:** 43 320 295 742

**APPLICANTS DETAILS**

Title:	Surname:	First Name:
Street Address:		
Suburb:		Postcode:
Mobile:		Telephone:
Email:		

**PREMISES DETAILS:**

Trading Name:	
Street Address:	
Suburb:	Postcode:
Proposed settlement date (if known):	

## PROPRIETOR'S DECLARATION

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.

Proprietor 1 Name:		Date:	
Signature:			
Proprietor 2 Name:		Date:	
Signature:			
Proprietor 3 Name:		Date:	
Signature:			

## 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 of age at the time of completing this application.

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

Applicant Name:	
Signature:	
Date:	