

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 \$265.00 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



Phone

03 9705 5200



NRS

133 677

(for the deaf, hearing or speech impaired)



TIS

131 450

(Translating and Interpreting Service)



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Lodgement



Email

caseycc@casey.vic.gov.au



Post

PO Box 1000
Narre Warren VIC 3805



In Person

Bunjil Place

2 Patrick Northeast Drive
Narre Warren

Open Hours: 8:30 am - 5:00 pm Mon - Fri

Cranbourne Customer Service

Shop 61, Cranbourne Park Shopping Centre

Open Hours: 9:00 am - 5:00 pm Mon - Fri

Offices are not open on Public Holidays

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 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 or by calling on 9705 5200.

Applicants details

Title		Surname		First Name	
Street address					
Suburb/Town		State		Postcode	
Phone number		Mobile			
Email address					
Postal address					
Suburb		State		Postcode	

Premises details

Trading name					
Street address					
Suburb/Town		State		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			

Applicant's 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.

<input type="checkbox"/>	By marking this checkbox and signing below, I confirm that I have read and understood all the statements above.
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Applicant's Name		Date	
Signature			