Request for Assessment of a registrable premises

Food Act 1984

Tax Invoice: GST inclusive

1. Business details		
Business name		
Business address		
		Postcode
Registration type		
Class		
2. Applicant's detail	ls	
Full name	,•	
Mailing address		
maining addition	-	Postcode
Email		
Phone number		Mobile number:
3. Business Description	n .	
Describe the proposed oper		
List the type of food and ingredients that will be used, where it will be prepared, where will it is sold from.		
How many staff will operate the business?		
How many days do you want to operate etc.		
4. Declaration		
I/We, the undersigned, hereby request that an inspection of the premises identified above be carried out for assessment against the requirements of the Food Act 1984, and that a written report of the outcome of the inspection be provided to me.		
Signature of applicant Date		
Privacy Statement: The personal information requested on this form is being collected by Council for the purpose of meeting its legal obligations under the Food Act 1984, the Public Health and Wellbeing Act 2008, Environmental Protection Act 1970 and associated or related legislation. The information will be kept confidential and identifying information will not be disclosed to any person for any other purpose. Confidential food information may be given to a public statutory body to enable that body to carry out any of its duties or functions under any Act or regulations. You may access your own information by contacting Council's Environmental Health Services on 9747 7200.		
Office Use Only		
, , ,	edger number:	Fee:
406)1805.0820.0831	\$316.00

Please return completed form to:

Mail:Melton City Council
PO Box 21
Melton VIC 3337

Email: csu@melton.vic.gov.au (max. file size: 10MB) ABN: 22 862 073 889 Phone: 9747 7200 Fax: 9743 9970

