

Request for Information & Documents

Food Premises – S.54 Food Act 1984
Health Premises – Public Health and Wellbeing Act 2008

Council Use Only

Application Number :-

Application Date:-

Ledger Number:-

Southern Grampians Shire Council

Tel: 03 5573 0256 www.sthgrampians.vic.gov.au

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

Council Specific Information

Please use this form to provide consent to Southern Grampians Shire Council to disclose to the applicant requested information and publication of any documents in Council's possession or power relation to a Food / Health/ Prescribed Accommodation premises & Aquatic Facilities whether the information or documents were obtained in connection with the administration of the Food Act 1984, Public Health and Wellbeing Act 2008.

Applicant Details

Title* Surname* Given Name(s) *

If the proprietor is a company or association, specify name of person completing the application and authority (eg. Director of Company)

Authority

e.g. Director of company

Business Name Company Name (if applicable)

Street Address / Postal address*

Suburb / Town* State * Postcode *

Please provide at least one phone number and include the area code *

Business Phone Home phone Business Fax Mobile

Email

Proprietor Details

Title* Surname* Given Name(s) *

If the proprietor is a company or association, specify name of person completing the application and authority (eg. Director of Company)

Authority

e.g. Director of company

Business Name Company Name (if applicable)

Street Address / Postal address*

Suburb / Town* State * Postcode *

Please provide at least one phone number and include the area code *

Business Phone Home phone Business Fax Mobile

Email

Premises Details

Trading name of Premises

Premises

Street address

Suburb

State

Postcode

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 Food / Health / Prescribed Accommodation 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.

Signature

Signature

Print proprietor name

Print proprietor name

Date

Date

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.
- Agency name may refuse this application if it becomes evident that any information or supporting documents provided are incomplete or false.

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

Name of person completing this application *

Date *

Signature of person completing this application *

Privacy Statement

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to http://www.sthgrampians.vic.gov.au/Page/Page.asp?Page_Id=263&h=-1.

Lodgement

In order to successfully lodge this form please use the details provided below:

POST:

Southern Grampians Shire Council
Environmental Health
Locked Bag 685
Hamilton Vic 3300

Email: eho@sthgrampians.vic.gov.au
Website: www.sthgrampians.vic.gov.au
Telephone: 03 5573 0256

IN PERSON:

1 Market Place
Hamilton Vic 3300