

Request for Information & **Documents**

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

Council I	Jse 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.

Title*	Surname*	•	1	Given	Name(s) *		_		
	or is a company or	association, spec	cify name of pers	son comple	eting the application	on and author	rity (eg	g. Director of C	Company)
Authority									
	r of company								
Business N	ame				Company Na	me (if applic	cable)		
Street Addr	ess / Postal addr	ess*							
0 1 1 / T	+				O: : *			<u>.</u>	
Suburb / To	wn*				State *	Post	tcode		
Diagon mass					<u> </u>	_			
	ride at least one p								
Business Pl	none	Home phone	!	<u> </u>	Business Fax		\neg	Mobile	
Email	_								
Email									
Email									
Email			Prop	rietor	Details				
	Surnama*		Prop		Details				
Email Title*	Surname*		Prop		Details Name(s) *				
Title*				Given	Name(s) *	on and author	rity (eo	n Director of C	Company)
Title*	Surname* or is a company or			Given	Name(s) *	on and author	rity (eg	g. Director of C	Company)
Title*				Given	Name(s) *	on and author	rity (eg	g. Director of C	Company)
Title* If the propriet Authority				Given	Name(s) *	on and author	rity (eg	g. Director of C	Company)
Title* If the propriet Authority	or is a company or			Given	Name(s) *				Company)
Title* If the propriet Authority e.g. Directo	or is a company or			Given	Name(s) *				Company)
Title* If the propriet Authority e.g. Directo Business Na	or is a company or	association, spec		Given	Name(s) *				Company)
Title* If the propriet Authority e.g. Directo Business Na	or is a company or or of company	association, spec		Given	Name(s) *				Company)
Title* If the propriet Authority e.g. Directo Business Na	or is a company or r of company ame	association, spec		Given	Name(s) *	ame (if applio)	Company)
Title* If the propriet Authority e.g. Directo Business No	or is a company or r of company ame	association, spec		Given	Name(s) * eting the application Company Na	ame (if applio	cable))	Company)
Title* If the propriet Authority e.g. Directo Business Note Street Address Suburb / To	or is a company or r of company ame	ess*	cify name of pers	Given	Name(s) * eting the application Company Na State *	ame (if applio	cable))	Company)
Title* If the propriet Authority e.g. Directo Business Note Street Address Suburb / To	or is a company or r of company ame ess / Postal addr wn*	ess*	cify name of pers	Given	Name(s) * eting the application Company Na State *	ame (if applio	cable))	Company)
Title* If the propriet Authority e.g. Directo Business National Street Address Suburb / To Please prov	or is a company or r of company ame ess / Postal addr wn*	ess*	cify name of pers	Given	Company Na State *	ame (if applio	cable)	*	Company)
Title* If the propriet Authority e.g. Directo Business National Street Address Suburb / To Please prov	or is a company or r of company ame ess / Postal addr wn*	ess*	cify name of pers	Given	Company Na State *	ame (if applio	cable)	*	Company)

Premises Street address		
Stieet address		
Suburb	State	Postcode
	Consent to Disclose Infor	mation
		disclosure of any information and the publication
		Ith / Prescribed Accommodation premises, who inistration of the Food Act 1984 and Public Heatington
ne information or the documents were ob and Wellbeing Act 2008 or otherwise.	lined in connection with the authi	INISTRATION OF the FOOD ACT 1904 and Public flea
and Wellbeing Act 2006 of otherwise.		
Signature	Signature	
Print proprietor name	Print prop	rietor name
Till proprietor name		Hetor Hame
Date	Date	
	<u></u>	
	Daalamatian	
	Declaration	
	Declaration	
	Declaration	
I understand and acknowledge that:		- h t - f mu l moulle des
- The information provided in this app	cation is true and complete to the	
The information provided in this appThis application forms a legal docum	cation is true and complete to the ent and penalties exist for providi	ing false or misleading information.
The information provided in this appThis application forms a legal documAgency name may refuse this applic	cation is true and complete to the ent and penalties exist for providi	ing false or misleading information.
The information provided in this appThis application forms a legal docum	cation is true and complete to the ent and penalties exist for providi	ing false or misleading information.
 The information provided in this app This application forms a legal docum Agency name may refuse this applic incomplete or false. 	cation is true and complete to the ent and penalties exist for providi ation if it becomes evident that an	ing false or misleading information. ny information or supporting documents provide
The information provided in this appThis application forms a legal documAgency name may refuse this applic	cation is true and complete to the ent and penalties exist for providi ation if it becomes evident that an	ing false or misleading information. ny information or supporting documents provide
 The information provided in this app This application forms a legal docum Agency name may refuse this applic incomplete or false. By marking this checkbox I confirm the 	cation is true and complete to the ent and penalties exist for providi ation if it becomes evident that an at I have read and understood all	ing false or misleading information. ny information or supporting documents provide
 The information provided in this app This application forms a legal docum Agency name may refuse this applic incomplete or false. 	cation is true and complete to the ent and penalties exist for providi ation if it becomes evident that an at I have read and understood all	ing false or misleading information. ny information or supporting documents provide the statements above *
 The information provided in this app This application forms a legal docum Agency name may refuse this applic incomplete or false. By marking this checkbox I confirm the 	cation is true and complete to the ent and penalties exist for providi ation if it becomes evident that an at I have read and understood all	ing false or misleading information. ny information or supporting documents provide the statements above *
 The information provided in this app This application forms a legal docum Agency name may refuse this applic incomplete or false. By marking this checkbox I confirm the 	cation is true and complete to the ent and penalties exist for providi ation if it becomes evident that an at I have read and understood all	ing false or misleading information. ny information or supporting documents provide the statements above *
 The information provided in this app This application forms a legal docum Agency name may refuse this applic incomplete or false. By marking this checkbox I confirm the 	cation is true and complete to the ent and penalties exist for providi ation if it becomes evident that an at I have read and understood all cation *	ing false or misleading information. ny information or supporting documents provide the statements above *
 The information provided in this app This application forms a legal docum Agency name may refuse this application incomplete or false. By marking this checkbox I confirm the Name of person completing this application. 	cation is true and complete to the ent and penalties exist for providi ation if it becomes evident that an at I have read and understood all cation *	ing false or misleading information. ny information or supporting documents provide the statements above *
 The information provided in this app This application forms a legal docum Agency name may refuse this application incomplete or false. By marking this checkbox I confirm the Name of person completing this application. 	cation is true and complete to the ent and penalties exist for providi ation if it becomes evident that an at I have read and understood all cation *	ing false or misleading information. ny information or supporting documents provide the statements above *
 The information provided in this app This application forms a legal docum Agency name may refuse this application incomplete or false. By marking this checkbox I confirm the Name of person completing this application. 	cation is true and complete to the ent and penalties exist for providi ation if it becomes evident that an at I have read and understood all cation *	ing false or misleading information. ny information or supporting documents provide the statements above *

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

IN PERSON:
1 Market Place

Hamilton Vic 3300

Email: eho@sthgrampians.vic.gov.au

Website: www.sthgrampians.vic.gov.au

Telephone: 03 5573 0256