

# ▶ New Premises / Pre-Purchase Request for Environmental Health Department Inspection

*Food Premises – Section 54 of the Food Act 1984  
Health Premises – Public Health and Wellbeing Act 2008*

*This form is to be completed by person(s) who are interested in purchasing or transferring a Food Business, Bed & Breakfast, Hairdresser or other type of business that needs to be registered, and requires the Environmental Health Department to conduct an inspection of the premises.*

## Applicant Details

Title	Surname	Given Name (s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		
<input type="text"/>		
Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address (if different from above)		
<input type="text"/>		
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Contact Details

Business Phone	Home Phone	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		

## Premises Details

### Trading Name of Premises

### Address of Premises to be Inspected

Street Address		
<input type="text"/>		
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Proposed Settlement Date (if known)

## Consent to Disclose Information

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As the current proprietors/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 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.

**Current Proprietor – Full Name**

**Signature**

**Date**

**Current Proprietor (2) - Full Name**

**Signature**

## Acknowledgement

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 above

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

**Name of person completing this application**

**Signature of person completing this application**

**Date**

## Privacy Statement

Any personal information disclosed on this form has been collected by Hepburn Shire Council for the provision of the services referred to on this form. This information will be used by Council for that purpose or directly related purpose and will not be disclosed to any other party except as required by law.

Council collects personal information in accordance with the Information Privacy Principles as set out in the *Information Privacy Act 2000*, and Council's Privacy Policy which is available at our offices or on Council's website [http://www.hepburn.vic.gov.au/Page/Page.asp?Page\\_Id=545](http://www.hepburn.vic.gov.au/Page/Page.asp?Page_Id=545).

Requests for access and/or correction to information provided should be made to Council's Privacy Officer on 5321 6450.

## Payment Details

**Prescribed Fee \$210.00** (Urgent pre-purchase inspection within 48Hrs – prescribed fee) **\$314.00**

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Inspection

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TAX INVOICE

Receipt Number \_\_\_\_\_ (Office Use Only)

HEPBURN SHIRE COUNCIL (ABN 76 845 763 535)

Credit Card Payment

Visa

Mastercard

Name : \_\_\_\_\_ (as shown on Credit Card)

Card Number :

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

Payment Amount :

Contact Phone Number : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Lodgement

If you intend to post this form please use the details provided below :

Hepburn Shire Council - Environmental Health Department  
P O Box 21  
DAYLESFORD Vic 3460

Telephone: 5348 2306

Email: [shire@hepburn.vic.gov.au](mailto:shire@hepburn.vic.gov.au)  
Website: [www.hepburn.vic.gov.au](http://www.hepburn.vic.gov.au)