

REQUEST FOR A HEALTH DEPARTMENT INSPECTION

This form is to be completed by person(s) who are interested in purchasing a new business and require the Health Protection Unit to conduct an inspection of the premises under the relevant Acts.

APPLICANTS DETAILS:

Full Name:.....

Address:.....

.....

Telephone Number: Email Address:

PREMISES DETAILS:

Address of Premises to be inspected:

.....

.....

Type of Premises: FOOD ACCOMMODATION HAIR & BEAUTY

Proposed Settlement Date (if known):

CURRENT PROPRIETORS CONSENT:

I/We being the current proprietor/s of the above mentioned premises have no objections to the disclosure of any orders and/or deficiencies identified made under the Food Act/Public Health & Wellbeing Act in relations to the premises to the above mentioned applicant.

Full Name of Person Signing this Form:	
Signature of Current Proprietor	
Date:	

PAYMENT DETAILS

FEE TYPE	Office Use Only	FEE PAYABLE
Request for Inspection	WO 35735 1124 0100	\$232.00



