

Request for Pre-purchase Inspection of a Registered Business

Environmental Health

Ph: 1300 366 244 | 18 Desailly Street, Sale Victoria | 156 Grant Street, Yarram Victoria | PO Box 506, Sale Victoria 3850

A request is made for a report to be provided following inspection by Council's Environmental Health Officer of the premises detailed below in relation to compliance with (Please select relevant legislation):

- Food Act 1984
- Residential Tenancies Act 1997 (Caravan Parks)
- Public Health and Wellbeing Act 2008 (Hair, Beauty and Accommodation)

Please verify **ALL** information listed on this form is correct. Any blank fields **MUST** be completed. Please return form with payment to Wellington Shire Council's Environmental Health Department.

i How to complete this form

- Step 1 Complete**
Complete all sections of the form
- Step 2 Sign**
Ensure to check the information you provide and sign the declaration
- Step 3 Submit**
Submit a completed application form including any required documentation and payment to Council

i How to submit this form

In person	Sale Service Centre 18 Desailly Street, Sale Monday-Friday 8:30am – 5:00pm	Yarram Service Centre 156 Grant Street, Yarram Monday, Tuesday, Thursday, Friday 10:00am – 2:00pm (closed Wednesday)
	By Post Wellington Shire Council, PO Box 506, Sale Victoria 3850	
Email	enquiries@wellington.vic.gov.au	

i What happens next?

Council's Environmental Health Department will process the application. A Council staff member may contact you if any additional information is required.

Fee 2020-2021:

\$286.00

How long does this process take?

- Allow up to 10 business days for your request for pre-purchase inspection to be processed.

If you have not heard anything after this time, please contact our Environmental Health Department on 1300 366 244.

What happens next?

- Once the request is processed, you will be informed in writing that your request has been approved.

i Privacy

The personal information requested on this form is being collected by Council's Environmental Health unit for the purpose of administering and enforcement of the relevant Acts and associated regulations relating to this function. The personal information will be used solely by Council for that primary purpose or directly related purposes and may be disclosed to third parties if required to do so by the law.

▼ Business Details

Trading Name:	
Premises Address:	
Name of current Proprietor/s:	
(If the proprietor is in a company name please attach a copy of Certificate of Registration of Company Name - ASIC)	
Proposed Proprietor:	
Settlement Date:	

▼ Applicant Information

Applicant Name:			
Postal Address:			
Business Phone Number:		Mobile:	
Business Email Address:			

▼ Declaration

- I/We the undersigned hereby apply to Request a pre-purchase inspection of the premises detailed in this application.
- I/We certify that the above information is correct.
- I/We are responsible for the accuracy of the above and will advise Wellington Shire Council as soon as possible of any changes to the above information.

Signature of Applicant: _____ **Date:** _____

Office use only:

Premises Reg/Ref No.:		Premises Type:	
Inspection Completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Officer:
Registration Granted:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<input type="checkbox"/> Information Updated	<input type="checkbox"/> Fees Entered	<input type="checkbox"/> Certificate Generated
Date:	Officer/Admin:	

Office Use Only:	Receipt Number:	Ledger:	Officer Initials and Date:
Fee \$286.00		03.03450.1420.2028 (279) (food) 03.03450.1420.2020 (277) (accom/c.park) 03.03450.1420.2029 (278) (hair/beauty)	



Credit Card Authorisation Form

Ph: 1300 366 244 | 18 Desailly Street, Sale Victoria | 156 Grant Street, Yarram Victoria | PO Box 506, Sale Victoria 3850

This form is used to provide a credit card payment to the Wellington Shire Council. Payments for Rates, Infringements, and Animal Registration Renewals will not be accepted. Secure online payments for these accounts can be made at www.wellington.vic.gov.au.

Please ensure that all fields are fully completed with the correct information and that any relevant documentation is attached with this form ie planning application, request for a copy of plans form.

We will only use personal information provided by you for the purposes for which it was collected and in order for Council to fulfil its business requirements. A new Credit Card Authorisation Form will need to be completed for each transaction.

Completed forms can be mailed to the Wellington Shire Council at P O Box 506 Sale VIC 3850 or faxed to 5142 3501. Please contact Customer Service on 1300 366 244 if you have any questions.

Part 1: Applicant Details																					
Given Names/s																					
Family Name																					
Address																					
Daytime Phone Number																					
Email Address																					
Part 2: Payment Details																					
Description (copy of plans, planning permit)																					
Amount Authorised	\$286.00																				
Address of property relevant to application (if applicable)																					
<i>Payments for Rates, Infringements, and Animal Registration Renewals will not be accepted.</i>																					
Part 3: Credit Card Details																					
Name on Credit Card (please print)																					
Type of Card (visa, mastercard Only)																					
<i>We do not accept American Express or Diners Club.</i>																					
Credit Card Number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
Card Expiry Date																					
Card Holders Signature Authorising payment of above amount	<table border="1"> <tr> <td></td> <td>Date</td> </tr> </table>		Date																		
	Date																				

Office Use Only	
Council Officer	
Receipt Number	
Date	

Registered Premises Consent to Disclose information and Documents Environmental Health

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Form EHS27

I/we

(Proprietor name, Proprietor Company)

Residing At

(Address of Proprietor/s)

being the proprietor/s of premises located at:

within the Wellington Shire **HEREBY CONSENT** to the disclosure of any information and the publication of any documents in your possession or power relating to the said premises whether the information or the documents were obtained in connection with the administration of the *Food Act 1984*, *Public Health and Wellbeing Act 2008*, the *Tobacco Act 1987* or the *Residential Tenancies Act 1997* or otherwise

to

(Name of person/company to whom the information or documentation is to be disclosed or published)

of

(Address of person to whom the information or document is to be disclosed or published)

Date:

Signature of Proprietor

Name of Proprietor

Signature of Proprietor

Name of Proprietor

NOTE: ALL PROPRIETORS OF THE PREMISES MUST SIGN THE CONSENT FORM

Privacy disclosure statement: The personal information requested on this form is being collected by Council's Environmental Health unit for the purpose of administering and enforcement of the relevant Acts and associated regulations relating to this function. The personal information will be used solely by Council for that primary purpose or directly related purposes and may be disclosed to third parties if required to do so by the law.