

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

This form is used to generate a pre-purchase inspection report for the requestor. The inspection report will be completed by Council's Environment Health Officer.

Please identify which Act relates to the premises you are applying for an inspection for:




- ☐ Food Act 1994 (Food Premises)
- ☐ Residential Tenancies Act 1997 (Caravan Parks)
- ☐ Public Health and Wellbeing Act 2008 (Hair, Beauty & accommodation)

Please note: Registration of a food premises is **not transferrable**. The incoming proprietor must obtain registration under the Food Act 1984 before commencing trade.

How to complete this form

Step 1	Complete Complete all sections of the form that are relevant to your premises. Obtain consent from current proprietors for the release of information by Council.
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 to Council with your payment

How to submit this form

 In person	Sale Service Centre 18 Desailly Street, Sale 8:30am – 5:00pm Monday, Tuesday, Thursday, Friday (Cash, EFTPOS, cheque, money order or credit card)	Yarram Service Centre 156 Grant Street, Yarram 10:00am – 2:00pm Monday – Friday, closed Wednesday (Cash, EFTPOS, cheque, money order or credit card)
 By Post	To Wellington Shire Council, PO Box 506, Sale Victoria 3850 (Cheque, money order, credit card authorisation form ONLY)	
 Email	enquiries@wellington.vic.gov.au (Credit card authorisation form only)	

What happens next?

- **Allow up to 10 business days for processing**

Council's Environmental Health Department will process the application. A staff member may contact you if any additional information is required. If you have not heard anything after this time, please contact our Environmental Health Department on 1300 366 244.

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.

▼ Premises Details	
Trading name	
Trading address	
Business phone number	
Business email address	
Name of current Proprietor/s	
Name of proposed business (if applicable)	
Settlement Date	
Type of Business	<input type="checkbox"/> Beauty/Hair <input type="checkbox"/> Food Premises <input type="checkbox"/> Prescribed Accommodation/Rooming Houses <input type="checkbox"/> Caravan Park/Camping

Applicant Information	
Applicant Name	
Business phone number	
Mobile phone number	
Email Address	
Postal Address	

▼ Declaration	
<ul style="list-style-type: none"> 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. This application form serves as a legal document and penalties exist for providing false or misleading information. 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. 	
➤ Name of applicant: _____ <div style="text-align: center;">(print name)</div>	
➤ Signature of applicant: _____	

OFFICE USE ONLY - Shortcut Codes			
25 -Beauty/Hair			
271 - Food Premises			
291 - Prescribed Accommodation/Rooming Houses			
293 - Caravan Park/Camping			
Shortcut code			
CS Officer			
Fee	\$310.00		
Receipt Number		Date	



Registered Premises Consent to Disclose information and documents

Environmental Health

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Current Proprietor/s to Complete

I/we _____

(Proprietor name, Proprietor Company)

Residing At _____

(Address of Proprietor/s)

Being the proprietor/s of business 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: _____

Name of Proprietor (print name) _____

Signature of Proprietor _____

Name of second Proprietor – if applicable (print name)

Signature of second Proprietor (if applicable) _____

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

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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.

Please ensure that all fields are fully completed with the correct information and that any relevant documentation is attached with this form i.e., 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 submitted to Council via email to enquiries@wellington.vic.gov.au or via mail to PO Box 506 Sale VIC 3850.

Should you have any questions please contact Wellington Shire Council's Customer Service Team on 1300 366 244.

Part 1: Applicant Details			
Given Name/s			
Family Name			
Address			
Daytime Phone Number			
Email Address			
Part 2: Payment Details			
Description (application type)			
Amount Authorised	\$310.00		
Address of property relevant to application			
<i>Payment 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>			
Bank Name (NAB, ANZ, Westpac etc)			
Credit Card Number			
Card Expiry Date			
Card Holders Signature Authorising payment of above amount		Date	

Office Use Only	
Council Officer	
Receipt Number	
Date	