

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:

- ☐ 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.



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 Det	▼ Premises Details					
Trading name						
Trading address						
Business phone	number					
Business email a	ddress					
Name of current	Proprietor/s					
Name of propose appliable)	ed business (if					
Settlement Date						
Type of Business	5	☐ Beauty/Hair ☐ Food Premises ☐ Prescribed Accommodation/Rooming Houses ☐ Caravan Park/Camping				
Applicant Inforn	nation					
	lation					
Applicant Name						
Business phone number Mobile phone number						
Email Address						
Postal Address						
 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:						
25 -Beauty/Hair 271 - Food Prem	Accommodation/Room	ning Houses				
Fee	\$310.00					
Receipt Number		Date				



Registered Premises Consent to Disclose information and documents

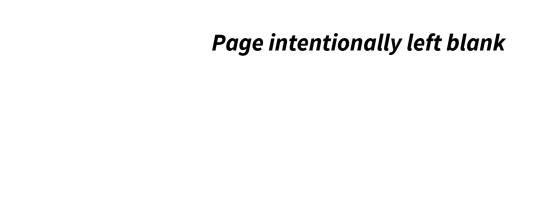
Environmental Health

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Current Proprietor/s to Complete

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

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





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											
Part 2: Payment Details											
\$310.00											
d animal re	gistrati	on ren	ewals I	vill not	be ac	cepted	1				
Part 3	: Credit	Card	Details	;							
Type of Card (Visa, Mastercard only)											
We do not accept American Express or Diners Club.											
					Da	ite					
	\$310.00 d animal re	Part 2: Payr \$310.00 d animal registrati Part 3: Credit	Part 2: Payment D \$310.00 d animal registration ren Part 3: Credit Card	Part 2: Payment Details \$310.00 d animal registration renewals to Part 3: Credit Card Details	Part 2: Payment Details \$310.00 d animal registration renewals will not Part 3: Credit Card Details	Part 2: Payment Details \$310.00 d animal registration renewals will not be acceptant as: Credit Card Details r Diners Club.	Part 2: Payment Details \$310.00 d animal registration renewals will not be accepted Part 3: Credit Card Details	\$310.00 \$animal registration renewals will not be accepted Part 3: Credit Card Details r Diners Club.	Part 2: Payment Details \$310.00 dianimal registration renewals will not be accepted Part 3: Credit Card Details r Diners Club.	\$310.00 \$animal registration renewals will not be accepted Part 3: Credit Card Details	\$310.00 \$animal registration renewals will not be accepted Part 3: Credit Card Details

Office Use Only			
Council Officer			
Receipt Number			
Date			