



APPLICATION FOR A PRE-PURCHASE INSPECTION

PUBLIC HEALTH & WELLBEING ACT 2008
PUBLIC HEALTH & WELLBEING REGULATIONS 2008

To the Mornington Peninsula Shire

APPLICANT/SOLICITOR DETAILS

Applicant Name _____
Applicant Address _____
Applicant Contact Telephone _____
Applicant email address _____
Address of Health Act Premises _____
Current Trading Name of Premises _____
Signature/s _____ Date _____

PROPOSED PROPRIETOR DETAILS

Proposed Proprietor Name(s) _____
Proposed Proprietor Address _____
Proposed Business Name _____
Email Address _____
Telephone (Business) _____ (Mobile) _____
Signature/s _____ Date _____

DISCLOSURE - PUBLIC HEALTH & WELLBEING ACT 2008

This section to be signed by the Current Proprietor and must be signed before the inspection report can be released to the applicant.

I consent to the Environmental Health Officer of Mornington Peninsula Shire Council, disclosing information or publishing a document or part of a document in connection with the administration of the Public Health & Wellbeing Act 2008

Full Name(s) of Current Proprietor(s) _____
Premises Address _____
Trading Name of Premises _____

Current Proprietor Signature _____ Date _____

Note : In the case of a company, this form must be signed by the Company Secretary or a Company Director

- *Please allow 10 working days for Premises inspection to be completed*
- *If the proposed proprietor plans to renovate the Premises, plans must be submitted to the Mornington Peninsula Shire's Environmental Health Unit for approval*

Fee: Please Refer to Current Environmental Health Fee Schedule

INFORMATION PRIVACY COLLECTION STATEMENT

Mornington Peninsula Shire is collecting personal information on this form in accordance with its legislative powers and functions and it will only be used and disclosed in accordance with these powers and functions. You may access the information by contacting Mornington Peninsula Shire.

Office Use Only: (Quick Code: 007)

Receipt Number: _____