



**MORNINGTON
PENINSULA**
Shire

APPLICATION FOR A PRE-PURCHASE INSPECTION

FOOD ACT 1984

To the Mornington Peninsula Shire

APPLICANT/SOLICITOR DETAILS

Applicant Name _____
Applicant Address _____
Applicant Contact Telephone _____
Applicant email address _____
Address of Food Premises _____
Current Trading Name of Business _____
Signature(s) _____ Date _____

PROPOSED PROPRIETOR DETAILS

Proposed Proprietors Name(s) _____
Proposed Proprietors Address _____
Proposed Proprietor email address _____
Proposed Business Name _____
Telephone (Business) _____ (Mobile) _____
Signature _____ Date _____

SECTION 54 DISCLOSURE - FOOD ACT 1984 (To be signed by current proprietor)

- **This section 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 Food Act 1984.

Full Name of Current Proprietor _____
Address of Food Premises _____
Trading Name of Food 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 Food Premise inspection to be completed*
- *If the proposed proprietor plans to renovate the food premise, 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: _____