

Application for a Pre-Purchase Inspection Prescribed Accommodation

Public Health and Wellbeing Act 2008



MORNINGTON
PENINSULA
Shire

Applicant/Solicitor Details

APPLICANT/SOLICITOR DETAILS

Applicant name:

Applicant address:

Address of Health Act premises:

Current trading name of premises:

Email:

Phone number:

Ensure that at least one contact phone number is provided and include the area code

Signature/s:

Date:

Proposed proprietor details

PROPOSED PROPRIETOR DETAILS

Type of proprietor: Company Sole Trader Partnership

Name of company: ABN

If proprietor is a company, provide the name and position of authority of the person signing this document

Name: Authority e.g. Director

Name of person (if not a company)

Title Family Name Given names

Proprietor postal address:
(includes company address if applicant is a company)

Contact numbers (ensure that at least one contact phone number is provided and include the area code):

Bus A/H Fax Mob

E-mail *(must be provided)*

DISCLOSURE - PUBLIC HEALTH & WELLBEING ACT 2008 (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 Public Health & Wellbeing Act 2008

Type of proprietor: Company Sole Trader Partnership

Name of company: ABN

If proprietor is a company, provide the name and position of authority of the person signing this document

Name: Authority e.g. Director

Name of person (if not a company)

Title	Family Name	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 Prescribed Accommodation Premise inspection to be completed

If the proposed proprietor plans to renovate the Prescribed Accommodation premise, plans must be submitted to the Mornington Peninsula Shire's Environmental Health Unit for approval

For current Application Fee: Please Refer to the 'Environmental Health Fee Schedule'

Office Use Only: (Quick Code 007) Amount Paid _____ Receipt Number: _____
Date Received _____ Registration Number _____

Privacy statement

The information on this form is being collected by the Mornington Peninsula Shire and its authorised contractors in accordance with its Privacy Policy and the Privacy & Data Protection Act 2014 for the purpose of a pre-purchase inspection of a prescribed accommodation premises and providing information to business operators concerning legislative requirements.

You may access personal information you have provided to the Shire at any time and make corrections by contacting the Shire's Privacy Officer privacy@mornpen.vic.gov.au The Shire will use this information for the purpose it was collected and may use it for a secondary, related purpose that could be reasonably expected.