

## Application for Premises Inspection and Release of Information

Applicant must complete, sign, and return this form with the fee payable to: Gannawarra Shire Council, PO Box 287, Kerang VIC 3579. Applications cannot be processed until fee (non-refundable) has been received.

### To be completed by applicant (or solicitor)

Name of applicant (or solicitor):

Postal address:

Suburb:

Postcode:

Phone number/mobile:

Fax number:

Email address:

### Premises details

Trading name of registered premises:

Address:

Suburb:

Postcode:

I request an inspection of the above registered premises and, subject to consent being given by the current registered proprietor, to be advised of any outstanding orders or requirements under the Food Act 1984/Public Health and Wellbeing Act 2008 (Vic).

Signature of applicant:

Date:

### To be completed by the current registered proprietor

Name of current registered proprietor/s:

I, being the current proprietor of the business at the above address, within the Gannawarra Shire Council hereby consent to the disclosure of any information and the publication of any documents in your possession or power relating to the said premises where the information or the documents have been obtained in connection with the administration of the Food Act 1984 / Public Health and Wellbeing Act 2008 (Vic) or otherwise to:

(Name of applicant / solicitor to whom the information or document is to be disclosed or published)

Signature:

Date:

## Payment options

### Fee payable:

1. Post form and required information with cheque/money order to:  
Gannawarra Shire Council, PO Box 287, Kerang VIC 3579
2. Come to a Council customer service centre, hand in the form and required information and pay in person.

Kerang: Patchell Plaza, 47 Victoria Street, Kerang

Cohuna: 23-25 King-Edward Street, Cohuna

3. Fill in your credit card details below and fax form together with required information to 03 5450 3023, or post to address listed above.

Name on credit card:

Credit card type:  Mastercard  Visa

Card number:

Expiry date:

Cardholder signature