

# Request for Inspection of Premises

Residential Tenancies (Caravan Parks and Movable Dwellings Registration and Standards)
Regulations 2010, Food Premises Section 54 of the Food Act 1984,
Health Premises - Public Health and Wellbeing Act 2008

Benalla Rural City Council Tel: 03 5760 2600 www.benalla.vic.gov.au

Proposed settlement date (if known)

| Council Use Only |  |  |
|------------------|--|--|
| Receipt Number   |  |  |
|                  |  |  |
| Date Paid        |  |  |
| Amount           |  |  |

Fields marked with an asterisk (\*) are mandatory and must be completed

| Council sn   | ecific information              |              |  |  |
|--|---------------------------------|--------------|--|--|
| proprietors must sign this form.   |                                 |              |  |  |
|  |                                 |              |  |  |
| Applicant details  |                                 |              |  |  |
| Title* Surname*  | Given Name 1*                   | Given Name 2 |  |  |
| Street Address Street Address*   |                                 |              |  |  |
| Suburb / Town*   | State *                         | Postcode *   |  |  |
| Postal Address (if different from above) Postal address  Suburb / Town                             | State                           | Postcode     |  |  |
| Contact Details Please provide at least one phone number and Business Phone After hours phone  ( ) | include the area code *  Mobile |              |  |  |
|  |                                 |              |  |  |
| Prom   | nises details                   |              |  |  |
| Address of premises to be inspected Street Address *   |                                 |              |  |  |
|  |                                 |              |  |  |

#### **Consent to disclose information**

As the current proprietor/s, I/we consent to providing the applicant with the disclosure of any information and the publication of any documents in your possession or power relating to the said food premises, whether the information or the documents were obtained in connection with the administration of the *Food Act 1984 and Public Health and Wellbeing Act 2008* or otherwise.

| Current proprietor 1                 |        |  |
|--------------------------------------|--------|--|
| Full Name                            |        |  |
|                                      |        |  |
| Signature                            | Date * |  |
|                                      |        |  |
| Current proprietor 2 (if applicable) | _      |  |
| Full Name                            |        |  |
|                                      |        |  |
| Signature                            | Date * |  |
|                                      |        |  |
| Current proprietor 3 (if applicable) |        |  |
| Full Name                            |        |  |
|                                      |        |  |
| Signature                            | Date * |  |
|                                      |        |  |
|                                      |        |  |

#### Payment details

Fees and Charges 2024/2025 - Pre-Purchase Inspection Report

Residential Tenancies (Caravan Parks and Movable Dwellings Registration and Standards) Regulations 2010 – (covered by Statutory Transfer of Registration Fee)

Food Act:

 Class 1 Premises
 \$208.50

 Class 2 Premises
 \$212.00

 Class 3a Premises
 \$170.00

 Class 3 Premises
 \$133.00

Public Health and Wellbeing Act:

Prescribed Accommodation \$98.00 Personal Care and Body \$79.50

Note: If a pre-purchase inspection report is requested in less than 7 days an additional fee of \$25.00 applies.

| Acknowledgement  |  |  |  |
|--|--|--|--|
| <ul> <li>I understand and acknowledge that:</li> <li>The information provided in this application is true and complete to the best of my knowledge.</li> <li>This application forms a legal document and penalties exist for providing false or misleading information.</li> <li>Agency name may refuse this application if it becomes evident that any information or supporting documents provided are incomplete or false.</li> </ul> By marking this checkbox I confirm that I have read and |  |  |  |
| understood all the statements above *  Name of person completing this application *  Date *  |  |  |  |
|  |  |  |  |
| Signature of person completing this application *  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### **Privacy Statement**

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to Council Privacy statement located at: www.benalla.vic.gov.au

## Lodgement

If you intend to post or email this form please use the details provided below:

Benalla Rural City Council PO Box 227 Benalla VIC 3671 Telephone: 03 5760 2600 Email: council@benalla.vic.gov.au Website: www.benalla.vic.gov.au