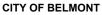
CITY OF BELMONT

Food Premises Fit Out/Alterations Inspection Request/Tax Invoice

l of	
(Full name in BLOCK LETTERS)	(address in BLOCK LETTERS)
request that the City of Belmont undertakes a	an inspection of the premises known as:
	situated at:
(Name of premises	s in BLOCK LETTERS)
(Address of premise	es in BLOCK LETTERS)
,	,
	and Time in BLOCK LETTERS) eject to confirmation by the City)
to ensure compliance with relevant food legis	slation.
I confirm that at the time of inspection, all we be clean and comply with the <i>Australia New 2</i>	orks will be fully completed and that the premises wi Zealand Food Standards Code.
Fees:	
Fee for this service is \$130.00.	
I understand that if the premises are deemed non submission of a new inspection request form a certificate of Registration will not be issued to	and payment of the inspection fee will be required; and
Signature	 Date
Contact Phone Number:	
Email address:	



215 Wright Street, Cloverdale 6105 (Locked Bag 379, Cloverdale 6985) Ph: 9477 7222 Fax: 9478 1473 belmont@belmont.wa.gov.au www.belmont.wa.gov.au

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