

Food Premises Settlement Enquiry Inspection Request/Tax Invoice

I _____ of _____
(Name of Agent in BLOCK LETTERS) (Business Name of Agent in BLOCK LETTERS)

of _____
(Address of Agent in BLOCK LETTERS)

request that the City undertakes an inspection of the food premises trading as:

_____ situated at:
(Name of food premises in BLOCK LETTERS)

(Address of food premises in BLOCK LETTERS)

Fees: The fee for this service is \$130.00.

Signature Date

Contact Phone Number: _____

Email: _____

Current Proprietor's Details and Consent to Disclosure of Information

I / We _____
(Name/s of existing Proprietor/s of the premises)

of _____
(Trading name of the premises registered with the City of Belmont)

being the Proprietor/s of the abovementioned premises at:

(Registered address of the premises)

do hereby consent to the disclosure to:

(Name of person/organisation that information/report is to be given)

of all the information or publication of documents relating to the abovementioned premises
(including previous reports).

Signature

Signature

Date

Date

