

## Food Premises Fit Out/Alterations Inspection Request/Tax Invoice

Date of Publication 04/07/2024		
I of		
I of of	(Address in BLOCK LETTERS)	
request that the City of Belmont undertakes an ins	spection of the premises known as:	
(Name of December 2)	S PLOCK LETTERS)	situated at
(Name of Premises i		
(Address of Premises		on
(Proposed Inspection Date ar (Final Date and Time is subjec		
to ensure compliance with relevant Food Legislation	on.	
I confirm that at the time of inspection, all works will be clean and comply with the Australia New Ze		remises
Fees:		
Fee for this service is \$134.50.		
I understand that if the premises are deemed non-	-compliant:	
submission of a new inspection request form and $\ensuremath{\text{p}}$ and	payment of the inspection fee will be	required;
a Certificate of Registration will not be issued until	the premises are deemed compliant.	
SignatureDa	ate	
Contact Phone Number:		
Email address:		