



Reference Number:
Registration No:

DISCLOSURE OF INFORMATION & DOCUMENTS FOOD ACT 1984 & PUBLIC HEALTH & WELLBEING ACT 2008

I/We _____
Company Name _____
ABN NUMBER _____ of _____
_____ Contact No. _____
hereby request an inspection to be carried out by Council's Environmental Health Officer at the registered
premise named _____ situated _____
for the disclosure of any reports, notices or orders.

THE FOLLOWING DETAILS MUST BE COMPLETED AND SIGNED BY CURRENT PROPRIETOR PRIOR TO INSPECTION AND RELEASE OF REPORT

I/We «ProprietorFullName» _____
proprietors of the registered premises situated at _____
hereby consent to the disclosure or publication of any information relating to the status of the premises and
obtained as a result of that inspection to any Orders or Notices relating to structural conditions and the status
of the Food Safety Plan for this premises, which may be outstanding and were issued pursuant to the
provision of the Food Act 1984.

SIGNATURE/S OF CURRENT PROPRIETOR

DATE

DATE

POSTAL ADDRESS:

Borough of Queenscliffe
Po Box 93
QUEENSCLIFF VIC 3225

ENQUIRIES:

Phone (03) 5258 1377
Fax (03) 5258 3315

NOTE: If the business is sold or if there is any change in the ownership of the premises an application must be made to the Council for the transfer of this Registration to the new proprietor and the relevant fees paid.

This information is collected under the requirements of the Food Act for enforcement of Public Health purposes. It may be provided to the Department of Health for the same purposes, and for the statistical purposes related to the application of the Act. It will be treated in compliance with the Department of Health Information Privacy Principles and the Information Privacy Act.