



REQUEST FOR AN INSPECTION & INFORMATION FOOD ACT 1984

Applicant Details

This section must be completed by the person or organisation requesting the information.

Name	
Mailing Address	
Telephone (Business Hours)	
Telephone (Mobile)	
Email	

I/we, request an inspection report, registration details and any other relevant information in relation to the Food Act 1984 for the following premises:

Trading Name	
Address	
Applicant Signature:	
Date:	

Consent of the Current Registered Proprietor

Where more than one individual is registered as the proprietor, each individual must sign this application. Where an organisation is registered as the proprietor, an authorised person must sign.

I/we,

Organisation Name (if applicable)	
Proprietor Name/s:	(1)
	(2)

being the current registered proprietor(s) of the premises at:

Address	

within the City of Hobsons Bay, hereby consent the applicant requesting an inspection and information under the Food Act 1984, to the applicant.

Proprietor Signature/s:	(1)
	(2)
Company position: (if applicable)	
Date:	____ / ____ / ____

Privacy Statement

The Council is collecting this information under the requirements of the Food Act 1984 for enforcement and public health purposes. It may be provided to the Department of Health and Human Services for the same purposes and for statistical purposes related to the application of the Act. It will be treated in compliance with the Department of Health and Human Services Privacy Principles and the Privacy and Data Protection Act 2014.

Hobsons Bay City Council
115 Civic Parade, Altona
PO Box 21, Altona 3018
Telephone (03) 9932 1000
Fax (03) 9932 1090

Email customerservice@hobsonsbay.vic.gov.au
 www.twitter.com/HobsonsBayCC
 www.facebook.com/HobsonsBayCityCouncil
 www.hobsonsbay.vic.gov.au

**HOBSONS
BAY CITY
COUNCIL** 

Payment

The fee payable with this application is \$475.00 inc GST:

\$475.00

The following methods of payment are available:

In Person

Hobsons Bay Civic Centre
115 Civic Parade
Altona

By Mail (Cheque, Money Order, Credit Card*)

Hobsons Bay City Council
P.O. Box 21
Altona Vic 3018

*Credit Card Payments, complete next page

Office Use Only

Ledger #	Description				
44926-5400	Application fee				
Cashier ID:	Receipt #			Date Paid:	

Credit Card Payment

Please charge my credit card the amount of:

\$ 475.00

Credit Card Type (tick)

VISA

Mastercard

Credit Card Number

 - - -

Credit Card Expiry

 /

Name on Card

Cardholder Signature

Privacy Statement

The Council is collecting this credit card information for the purpose of processing your payment. It is not disclosed to anyone outside the Council, but may be accessed by you upon request. If you do not provide this information or make other payment arrangements, your application will be unable to be processed.

All other information is collected under the requirements of the Food Act 1984 for enforcement and public health purposes. It may be provided to the Department of Human Services for the same purposes, and for statistical purposes related to the application of the Food Act. It will be treated in compliance with the Department of Human Services Privacy Principles and the Information Privacy Act.

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