Application for pre-sale inspection

 food business

What you need to do

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| By submitting this document, you are requesting an inspection of your business. The report will be emailed to you to provide to any prospective purchaser. This application forms a legal document. |  |  **How to apply**Submit this form: | **Further information**03 9209 6292 |
|  | Envelope | healthservicesunit@portphillip.vic.gov.au |  | [portphillip.vic.gov.au/councilservices/business-in-portphillip/business-permits/food-business-permit](https://www.portphillip.vic.gov.au/council-services/business-in-port-phillip/business-permits/food-business-permit) |
|  | Envelope | Health Services City of Port Phillip Private Bag 3St Kilda VIC 3182 |  |  |

 Read before starting

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| --- |
| 1. **Declaration**
 |
| [ ]  | The information provided in this application is true and complete to the best of my knowledge | [ ]  | I/we have signed this application  |

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**Privacy policy**

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

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| **2** | **Current owner’s details** |  |  |  |  |

|  |  |
| --- | --- |
|  | **Owner 1** |
|  | First name | Last name |
|  |  |  |  |  |
|  | **Owner 2** (if applicable) |
|  | First name | Last name |
|  |  |  |  |  |
|  |  |
|  | **Company name** | ACN |
|  |  |  |  |  |
|  | Authority (the person authorised to make application on behalf of the company) |
|  |  |  |
|  | **Owner’s contact details** |
|  | Best number to contact you on | Email |  |
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| **3** | **Business details** |  |  |  |  |

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| --- | --- |
|  | Type of business |
|  |  |  |
|  | Trading name |  |
|  |  |  |  |  |
|  | **Business address** |
|  | Unit number |  | Number |  | Street name |
|  |  |  |  |  |  |  |
|  | Suburb | State | Postcode |
|  |  |  |  |  |  |  |
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| **4**  | **Current owner’s signatures** |  |  |  |  |

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| --- | --- | --- |
|  | **Signature - Owner 1** | **Signature – Owner 2** (if applicable) |
|  |  |  |  |  |
|  | Print name | Print name |
|  |  |  |  |  |
|  | Date | Date |
|  |  |  |  |  |
|  | If the business is owned by a sole trader or partnership, the owner(s) must signIf the business is owned by a company, the authorised person must sign |

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| **5** | **New owner’s details (if known)** |  |  |  |  |

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| --- | --- |
|  |  |
|  | **Owner 1** |
|  | First name | Last name |
|  |  |  |  |  |
|  | **Owner 2** (if applicable) |
|  | First name | Last name |
|  |  |  |  |  |
|  |  |
|  | **Company name** | ACN |
|  |  |  |  |  |
|  | Authority (the person authorised to make application on behalf of the company) |
|  |  |  |
|  | **New owner’s contact details** |
|  | Best contact number  | Email |  |
|  |  |  |  |  |
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