



Permission to Allow Inspection and Release Information and Documents

HEALTH / FOOD PREMISES

Current Proprietor details

Name _____

Postal Address _____

Phone: (home) _____ (mobile) _____

Being the proprietors of _____

Premises Address _____

I/we HEREBY CONSENT to allow the Moyne Shire Council to perform an inspection and disclosure of any information and publication of any documents in your possession relating to the said Food/Health premises whether the information or the documents were obtained in connection with the administration of the Food Act 1984/ Public Health and Wellbeing Act 2008 (Vic) or otherwise to:

Name of Proposed Purchaser _____

Address of Proposed Purchaser _____

Phone: (home) _____ (mobile) _____

Proposed Purchasers Solicitor _____

Signature _____

Date _____

Proposed Transfer/Settlement Date _____

Your registration will not be transferred until an Environmental Health Officer has inspected the premises and a certificate of transfer is issued.

Inspection and report fee \$201* (incl. GST)

* 2024/2025 fees and charges, subject to change with new financial year.

Return completed form to:

Moyne Shire Council
Po Box 51
Port Fairy VIC 3284

The information requested on this form will be used solely by the Moyne Shire Council. We will not use your personal information for any other purpose without first seeking your consent, unless authorized or required by law. The Council may not be able to process your request unless sufficient information is given. You may apply to the Moyne Shire Council for access to and/or amendment of the information on 5568 0555