East Gippsland Shire Council

273 Main Street (PO Box 1618)
Bairnsdale VIC 3875
Website www.eastqippsland.vic.qov.au
Email feedback@eqipps.vic.qov.au
Follow us on Twitter @egsc



Telephone: (03) 5153 9500 Fax: (03) 5153 9576 Nation al Relay Service: 133 677 ABN: 81 957 967 765

Request for Inspection and Information on a Registered Premises

Food Act 1984, Public Health and Wellbeing Act 2008 or Residential Tenancies Act 1997

This application has a fee of \$276.00

There are some hard words in this form. The hard words are in blue. You can read what they mean on page 2.

Applicant			
Name/s:			
Postal address:			Postcode
Phone number: Home:	Work:	Mobile:	
Email address:	Fax:		
Current Proprietor			
Name/s:			
Postal address:			Postcode
Phone number: Home:	Work:	Mobile:	
Email address:		Fax:	
Premises Details			
Business trading name:			
Address:			
			Postcode
Australian Business Number (ABN):			
Type of business:			
Proposed settlement date:			
This part is to be filled in by the curre	ent proprietor		
I/we			
the proprietors of the above mention any outstanding orders obtained by	Council, through the Food Act	t 1984, Public Health	•
2008 or the Residential Tenancies	Act 1997, be provided to the ap	oplicant above.	

Privacy Statement

Name/s:

Signature/s:

The East Gippsland Shire Council asks for details about you to collect rates, approve permits and licences, and run a range of community services. The information you give to us on this form is used only for the reasons set out in the form and is not given to anybody else. Sometimes we may supply details about you to someone else, but only if we are allowed by law, or to protect someone or property.

When information is given out, Council will always try to make sure your privacy is protected in line with the *Privacy and Data Protection Act* 2014. You may ask for more information about Council's Privacy Policy by contacting our Information Privacy Officer on 03 5153 9500 or e-mail feedback@egipps.vic.gov.au

Date:

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This part is to be filled in by the applicant

I/we		,		
-	ood Act 1984, Public Health and Wellbeing	g orders or requirements obtained by Council, Act 2008 or the Residential Tenancies Act 1997, for		
Signature:				
Name:		Date://		
Office Use Or	ıly:			
Reference Number: LC/ENV/PP/ Method of Payment: Cash Cheque Eftpos Credit Call				
Amount Paid: \$	Receipt Number:	Receipt Date:/		
Hard Words				
Proprietor/s: The owner or owners of a business, or a holder of property.				
Obtained: Get, acquire or secure something				
Submitting you	ur application			
Mail	Post the signed, completed form together with any applicable fees or copies of any documentation to; PO Box 1618 BAIRNSDALE VIC 3875.			
Electronic	Fax to 03 5153 9576 Email to feedback@egipps.vic.gov.au			
In Person	Bring the completed form and supporting documents to any of the following locations;			
	Service Centre Opening Hours: 9.00am to 5:00pm. Monday to Friday.	Bairnsdale Corporate Centre: 273 Main Street. Lakes Entrance Service Centre: 18 Mechanics Street. Omeo Service Centre: 179 Day Avenue. Orbost Service Centre: 1 Ruskin Street. Paynesville Service Centre: 55 The Esplanade.		
	Mallacoota Service Centre Opening Hours: Monday and Tuesday 10.00am to 2.00pm Wednesday, Thursday, Friday 2.00pm to 5.00pm	Mallacoota Service Centre: 70 Maurice Avenue		

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