**REQUEST FOR PRE-PURCHASE INSPECTION**

Premises registered under the:

**FOOD ACT 2003 🞏 PUBLIC HEALTH ACT 1997 🞏**

I/We *(Full Name of Proprietor/s)*…………………………………………………………………………………………………………….………………………………………….

Of*(Address Of Proprietor/s*)…….………………………………………………………………………………………………………………………………………………………….

Being the Proprietor/s of registered premises (*Name of premises)*…………………………………………………………………………………………………..

Situated at *(Address of Premises)*………………………………………………………………………..…………………………………………………………………………...

*within the City of Hobart* ***HEREBY CONSENT*** *for an Environmental Health Officer to undertake an inspection of the above mentioned registered property and to the disclosure of any information and the publication of any documents in your possession or power relating to the said registered premises where the information or the documents were obtained in connection with the administration of the Food Act 2003 / Public Health Act 1997 (strike out that not applicable).*

to………………………………………………………………………………………………………………………………………………………………………....….

*(Name of person to whom the information or document is to be disclosed or published)*

of…………………………………………………………………………………………………………….……………………………………………………………….

*(Address of person to whom the information or document is to be disclosed or published)*

NOTE: ALL PROPRIETORS OF THE FOOD PREMISES MUST SIGN THIS CONSENT. WHERE THE PROPRIETOR IS A COMPANY, AT LEAST ONE DIRECTOR MUST SIGN

…………………………………………. …………………………………………….. ………………………………………….

 (Signature of Proprietor) (Signature of Proprietor) (Signature of Proprietor)

…………………………………………. …………………………………………….. ……………………………………………..

 (Name of Proprietor) *(please print)* (Name of Proprietor) *(please print)*  (Name of Proprietor) *(please print)*

Date:…………………………..………. Date:…………………………..………. Date:…………………………..……….

*To be completed by person requesting the information*

Name*.*…………………………………………………..………………………………………………………………………………………………………………….

Postal Address*……………….*….………………………………………………………………………………………………………………………………………….

Contact Number…………………………………………………Email Address…………………………………………….………………………………..

**OFFICE USE ONLY**

Date Received:

Receipt Number:

Amount:

Allocated Officer:

*I acknowledge and accept that there is a fee associated with the request for*

*information and documents. Please refer to Council’s fees & charges booklet*

*for the fee.*

…………………………………………. ………………………………………….

 (Signature of Requestor) Date