

## **CITY STANDARDS AND COMPLIANCE**

Cnr Queen Street and Broughton Street (PO Box 57) Campbelltown NSW 2560 Phone (02) 4645 4000 – Fax (02) 4645 4111

Request for Pre-Purchase Inspection of a Food/Public Health Premises or Inspection of a Final Construction Fit-Out of Food/Public Health Premises (Private Certifying Authority)									
Privacy Statement The information requested by Council on this form may constitute personal information under the <i>Privacy and Personal Information</i> <i>Protection Act 1998.</i> Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown.									
Part 1 - Inspection Type									
I hereby request the following for a food/public health premises:									
	health premises (complete Part 2,3,4 & 5)								
Request for an inspection of a final construction fit-out of a food/public health premises \$193.80 (inc GST) (complete Part 2, 3 & 5)									
Part 2 – Food/Public Health Premise Details (business details)									
Business Trading Name: (if applicable)						1	1		
Shop			Street No:			Street Name:			
Subur	rb:					Post Code:			
Part 3 – Applicant Details (information and documents will be sent to this person)									
Name of Applicant:									
		ne company:							
Posta	al Addre	SS:							
Telephone:						Fax:			
Email	l:						1		
Signa	iture(s)	of Applicant:				Date:			
Part 4 – Food/Public Health Premises current Proprietor (all proprietors of the food/public health premises must sign the consent)									
I / We, the current proprietor/s of the premises named in "Part 2", hereby consent to Campbelltown City Council disclosing any information or documents in your possession relating to the food/public health premises subject of this application, whether or not the information or the documents were obtained in connection with the administration of the Food Act 2003 and Public Health Act 2010 or otherwise to the person named in "Part 3 Applicant Details"   Current Proprietor Name:   Individual or company name									
		ing Name:							
Premises Address:									
Proprietor(s) Signature(s): In the case of a company, the person signing must state their position in the company									
Signa		, - , - , - , - , - , - , - , - , - , -	Positio			у		Date:	
Signa			Positio					Date:	
Part 5 - How to lodge this form									
Payment must be included with your application. You can submit your application via the following options:									
Address this form to: The General Manager					Application fee required:   \$193.80 (Acc:1-1150-000-2307)				
Campbelltown City Council					Payment Methods:				
Please forward this form by way of: <b>Mail:</b> PO Box 57, CAMPBELLTOWN NSW 2560					You can pay by cash, credit card or cheque. Make cheques payable to 'Campbelltown City Council'. Do not send cash in the mail.				
<b>Courier or Personal Delivery to Council Office:</b> Cnr Queen and Broughton Street CAMPBELLTOWN NSW					Please complete a Credit Card Authorisation if you are submitting your application by post, email or fax - which can be downloaded from Council's Website: www.campbelltown.nsw.gov.au				
Fax:Email:4645 4111council@campbelltown.nsw.gov.au					<b>How to Contact us:</b> Phone: 4645 4000 Fax: 4645 4111				
DATA AND DOCUMENT CONTROL – GOVERNANCE USE ONLY									

Revised Date: 12/11/2021 Review Date: 30/12/2023