

## CITY STANDARDS AND COMPLIANCE

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

## 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 *Privacy and Personal Information Protection Act 1998*. 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 Oueen and Broughton Streets, Campbelltown.

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Part 1 - Inspection Type									
I hereby request the following for a food/public health premises:									
	st for pre-purchas premises (comple	ce status of a food	/public	\$213.	00 (inc GST)				
Request for an inspection of a final cons (complete Part 2, 3 & 5)			nstruction	truction fit-out of a food/public health premises				00 (inc GST)	
Part 2 - Food/Public Health Premise Details (business details)									
Business Tra			(	,					
Shop No:		Street No:			Street Name:				
Suburb:			•		Post Code:				
Part 3 – Applicant Details (information and documents will be sent to this person)									
Name of App									
Position in th	ne company:								
Postal Addre	ss:								
Telephone:				Fax:					
Email:									
Signature(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", <b>hereby consent</b> 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 <i>Food Act 2003</i> and <i>Public Health Act 2010</i> or otherwise to the person named in "Part 3 Applicant Details"									
Current Proprietor Name:									
Individual or company name									
Current Trading Name:									
Premises Address:									
Proprietor(s) Signature(s): In the case of a company, the person signing must state their position in the company									
Signature:		Position					Date:		
Signature:		Position	:				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 Completitions City Council				<b>Application fee required:</b> \$213.00 (Acc:1-1150-000-2307)					
Campbelltown City Council				Payment Methods:					
Please forward this form by way of:  Mail:				You can pay by cash, credit card or cheque.  Make cheques payable to 'Campbelltown City Council'.					
PO Box 57, CAMPBELLTOWN NSW 2560				Do not send cash in the mail.					
Courier or Personal Delivery to Council Office: 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					
Email: council@campbelltown.nsw.gov.au					from Council's Website: www.campbelltown.nsw.gov.au				
				How to Contact us: Phone: 4645 4000					

DATA AND DOCUMENT CONTROL - GOVERNANCE USE ONLY

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