

# Food Business Detail Request - Settlement in the City of Kalamunda



## About this form

Please complete this form to apply for detail about a Food Business for the purposes of Settlement. Please note any details provided will be based on the most recent inspection of the premises as conducted by an Environmental Health Officer and a special inspection of the premises for the purposes of Settlement will not be conducted.

## How to complete this form

1. Settlement Agent and Purchaser to complete Parts 1 and 2; Current Owner to complete Part 3.
2. A fee of **\$78.50** (2019-2020) is associated with this application. Payment must be received by the City's of Kalamunda prior to the application being processed.
3. Please allow 10 working days for processing.

Please note, The City of Kalamunda will contact you for payment on the phone number you supply below or you can make payment at The City of Kalamunda Front Counter.

### Part 1: Property Details

Trading Name:

Business Address:

### Part 2: Purchaser/Settlement Agent Details and Declaration

Name:

Company Name:

Postal Address:

Phone:

(M)

(W)

Email:

#### ***Purchaser's declaration***

I/We \_\_\_\_\_ understand and agree to the following:

- My/Our details may be released to the current owner of the above-mentioned property in order to process this request.
- The City's Health Service cannot guarantee the current condition of the premises. Information provided is based on the more recent inspection of the premises as conducted by an Environmental Health Officer and that the situation may have changed since this time.
- A special inspection of the premises for the purposes of Settlement will not be conducted; it is the responsibility of proprietor/s to ensure that Food Premises comply with the Food Standards Code.

\_\_\_\_\_  
Signature/s:

\_\_\_\_\_  
Date

**Part 3: Owner's Details and Consent to Disclosure of Information**

I/We \_\_\_\_\_  
*(Name(s) of existing proprietor(s) of the premises)*

of \_\_\_\_\_  
*(Trading name of the premises registered with the City of Kalamunda)*

being the proprietor(s) of the above mentioned premises located at:

\_\_\_\_\_  
*(Registered address of the premises)*

do hereby consent to the disclosure to:

\_\_\_\_\_  
*(Name(s) of person/organisation to whom information shall be given)*

of all the information or publication of documents relating to the above mentioned premises, including previous reports, whether such information or such documents was obtained from me/us or otherwise.

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name/s: \_\_\_\_\_

Signature/s: \_\_\_\_\_ Date \_\_\_\_\_

*Form Updated July 2019*