

Food Premises Fit Out / Alterations Inspection Request - Tax Invoice

I of		
(Full name in BLOCK LETTERS)	(Address in BLOCK LETTERS)	
request that the City of Belmont undertakes an inspection of the premises known as:		
(Name of Premises in BLOCK LETTERS)		
situated at		
(Address of Prei	mises in BLOCK LETTERS)	
on		
(Proposed Inspection D	ate and Time in BLOCK LETTERS)	
(Final Date and Time is s	ubject to confirmation by the City)	

to ensure compliance with relevant Food Legislation.

I confirm that at the time of inspection all works will be fully completed and that the premises will be clean and comply with the Australia New Zealand Food Standards Code.

Fees:

Fee for this service is \$139.50.

I understand that if the premises are deemed non-compliant:

- submission of a new inspection request form and payment of the inspection fee will be required; and
- a Certificate of Registration will not be issued until the premises are deemed compliant.

Signature	_Date
Contact Phone Number:	
Email address:	