

CITY OF BELMONT

Food Premises Settlement Enquiry Inspection Request/Tax Invoice

I _____ of _____
(Name of Agent in BLOCK LETTERS) (Business Name of Agent in BLOCK LETTERS)

of _____
(Address of Agent in BLOCK LETTERS)

request that the City undertakes an inspection of the food premises trading as:

_____ situated at:
(Name of food premises in BLOCK LETTERS)

(Address of food premises in BLOCK LETTERS)

Due to impacts of COVID-19 (Coronavirus) the City is waving the \$72.60 fee for this service during the 2020/2021 financial year. No payment is required.

Signature Date

Contact Phone Number: _____

Email: _____

Current Proprietor'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 Belmont)

being the Proprietor/s of the abovementioned premises at:

(Registered address of the premises)

do hereby consent to the disclosure to:

(Name of person/organisation that information/report is to be given)

of all the information or publication of documents relating to the abovementioned premises (including previous reports).

Signature

Signature

Date

Date

CITY OF BELMONT
215 Wright Street, Cloverdale 6105
(Locked Bag 379, Cloverdale 6985)
Ph: 9477 7222 **Fax:** 9478 1473
belmont@belmont.wa.gov.au
www.belmont.wa.gov.au

City of Belmont Form Date: 01/07/2020

Document Set ID: 2803979

Version: 4, Version Date: 30/06/2020

