

Phone (03) 5422 0333 Email mrsc@mrsc.vic.gov.au

Pre-purchase inspection form		Fee: \$250		
Applicant details Applicant's name:				
Postal address:				
Contact number:				
Email:				
Premises details Current registration number:				
Trading name of registered premises:				
Type of premises:				
Address:				
Town:	Postcode:			
Current proprietor/s details				
Name/s:				
Postal Address:				
Email:				
Telephone:		Mobile:		
I, being the proprietor of the business at the disclosure of any information and the said premises where the information or of the Food Act 1984/Health Act 1958.	ne publication of an	y documents in your po	ssession or power relating to the	
Registered proprietor's signature:	proprietor's signature: Date:			
The fee for this application is exempt fr	om GST under Div	sion 81 of the GST Act		
Payment options In person: present this form and paym Centres. By Mail: cheque or money or payment authorisation below. Mail this	der – payable to Ma	acedon Ranges Shire C	ouncil, or complete Credit Card	
Credit card payment authorisa Mastercard		′isa 🔲		
I authorise you to charge the followi	ng amount to my cr	redit card: \$		
Name on card:				
Credit card number:				
Expiry date (xx/xx):	Signature:			

Privacy The collection and handling of personal and health information is in accordance with Council's Privacy Policy, which is displayed on Council's website, mrsc.vic.gov.au/privacy and available for inspection at or collection from Council's customer service centres.