



**Pre-purchase inspection form**

**Fee: \$260**

**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 above address within the Macedon Ranges Shire, hereby consent to the disclosure of any information and the publication of any documents in your possession or power relating to the said premises where the information or the documents have been obtained in connection with the administration of the Food Act 1984/Health Act 1958.

Registered proprietor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

The fee for this application is exempt from GST under Division 81 of the GST Act.

**Payment options**

**In person:** present this form and payment (cash, cheque/money order, eftpos or credit card) at one of our Service Centres. **By Mail:** cheque or money order – payable to Macedon Ranges Shire Council, or complete Credit Card payment authorisation below. Mail this form and payment to PO BOX 151 KYNETON VIC 3444.

**Credit card payment authorisation**

Mastercard  Visa

I authorise you to charge the following amount to my credit 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](http://mrsc.vic.gov.au/privacy) and available for inspection at or collection from Council's customer service centres.