**Food Business Detail Request for 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. Fee as per schedule of fees and charges on the City’s [website](https://www.kalamunda.wa.gov.au/building-development/health/health-fees-and-charges). Payment must be received by the City of Kalamunda prior to the application being processed.

3. Please allow 10 working ways for processing.

To make payment, please call City of Kalamunda on 9257 9999.

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| --- | --- |
| Part 1: Property Details | |
| Business Trading Name |  |
| Business Address |  |
| Part 2: Purchaser/Settlement Agent Details and Declaration | |
| Name |  |
| Company Name |  |
| Postal Address |  |
| Contact telephone number(s): \* | (M) (W) |
| 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.

Signature/s: Date