



**APPLICATION FOR FOOD BUSINESS
ALTERATIONS/SHOP FIT-OUT**

CITY OF VINCENT

Please return to:
Health Services
PO Box 82, LEEDERVILLE, 6902
Telephone: (08) 9273-6533
Facsimile: (08) 9273-6099
E-mail: mail@vincent.wa.gov.au

PROPRIETOR/BUSINESS DETAILS

PROPRIETOR NAME: _____

POSTAL ADDRESS: _____

ABN: _____

PHONE: _____ A/H: _____ FAX: _____

EMAIL: _____

PREMISES DETAILS

TRADING NAME: _____

ADDRESS OF PREMISES: _____

PHONE: _____

I agree to:

- Submit the applicable fee of \$200.00 with this application form, including 2 copies of scale plans, and elevations detailing the proposed layout, including proposed and existing fittings, fixtures, floor wastes, exhaust canopies, toilets etc, to the satisfaction of Health Services. [Note: Incomplete applications/plans that lack detail will not be accepted by the City, and will be returned to the application for re-submission].
- Ensure I have obtained the appropriate planning approval from the City's Planning, Building and Heritage Sections **prior to lodging** this application.
- Obtain a Building Licence should there be any structural alterations to the premises or installation of an exhaust canopy, or installation/replacement of a coolroom/freezer [Note: Application cannot be made on this form – you will need to complete a separate building licence application form for submission].
- Arrange for a final post fit-out inspection to be undertaken with one of the City's Environmental Health Officers, and prior to commencement of trade further agree to submit the following information;
 - Certificate of compliance for any Exhaust Canopy certifying that the installation has been completed in accordance with BCA Part F4.12 and AS/NZS 1668.1 & AS 1668.2 (if applicable);
 - Submit a completed Notification/Registration Form and relevant fee (required for all Food Businesses);
 - Provide any other information or documentation requested by the City's Officers.

SIGNATURE OF APPLICANT(S): _____

DATE: _____



FOOD ACT 2008, FOOD REGULATIONS 2009 and
AUSTRALIA NEW ZEALAND FOOD STANDARDS CODE
**PAYMENT FOR FOOD BUSINESS
ALTERATIONS/SHOP FIT-OUT**

CITY OF VINCENT

PAYMENT OPTIONS

- BY MAIL:** CITY OF VINCENT, PO BOX 82, LEEDERVILLE WA 6902
Do not send cash through the mail. Complete the attached Credit Card Payment details, or forward a cheque or money order made out to the City of Vincent.
- E-MAIL:** cashier@vincent.wa.gov.au
- TELEPHONE:** (08) 9273 6000
- FAX:** (08) 9273 6099
- IN PERSON:** 244 VINCENT STREET, LEEDERVILLE WA 6007
Monday to Friday between 8:00am – 5:00pm

CREDIT CARD PAYMENT DETAILS

Please complete the following details, and submit the form in its entirety to the City of Vincent. Please note American Express and Diners Club are not accepted.

Please charge my (please circle): **Bankcard** **Master Card** **Visa**

Credit Card Number: _____ / _____ / _____ / _____

Card Expiry Date: ____ / ____

Please debit my Credit Card with the amount of: \$200.00

Cardholders Name:
(as shown on the Card): _____

Cardholders Signature:
(as shown on the Card): _____



Your signature hereon is authority for us to issue a sales voucher for the full amount (shown in the space provided above) and an acknowledgement that the sales voucher, if endorsed "Mail Order", to be treated as having been duly signed by the cardholder. Please forward the entire form with details clearly completed

OFFICE USE ONLY

SEE HEALTH SERVICES FOR RECEIPT ALLOCATION

RECEIPT CODE: 810 (ACCOUNT: 565)

ACCOUNT NO.: _____

CM CONTAINER REF NO: _____

INVOICE NO.: _____