

Premise change of details form

Public Health and Wellbeing Act 2008



Proprietor details

I/we (proprietor):.....

Of (premise name and address):

.....
.....

Phone:

Amendment request to current registration:

Request that the following details be amended for the Health & Wellbeing Act registration of the premise mentioned above:

Trading name:

Postal Address:

.....

Email:

Nominated Food Safety Supervisor:

Contact Number:

Type, activities or class: (write details below)

- Beauty Therapy Hairdressing Skin penetration Tattooing
 Colonic Irrigation Other(please specify):

.....
.....
.....
.....

Renovations / Alteration to an existing premise: Floor Plan Submitted

If renovations are being undertaken on the premises where food is prepared, handled, stored submit a copy of the floor plan for a free assessment.

Signature:

Date:

In person: 20 Siding Ave, Officer

Post: PO Box 7, Pakenham 3810

Fax: 03 5941 3784 – write 'Attention: Health' on the front of application

Email: mail@cardinia.vic.gov.au

Website: www.cardinia.vic.gov.au