

Application for Plan Assessment

Food Premises



Food Act 1984

Applicant's Name:			
Applicant's Address:			
	Suburb		Postcode
Applicant's phone number			
Applicant's email address			
How would you like to receive the plan assessment report?	Post <input type="checkbox"/>	Email <input type="checkbox"/>	
Name of Proposed Proprietor: <i>(if different to Applicant)</i>			
Proposed Premises Address:			
	Suburb		Postcode:
Proposed Use of Premises:			
Proposed Seating Capacity:			

This form is to be accompanied by 2 copies of detailed plans of all food preparation, storage and servery areas and shall include a schedule of finishes.

An establishment and registration fee will be due and payable at the time of registration.

Applicant Signature: _____ Date: _____ / _____ / 20_____