

Application for Plan Assessment Food Premises

knox
your city



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?	<input type="checkbox"/> Post		<input type="checkbox"/> Email	
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 1 copy of a detailed floor plan of all food preparation, storage and servery areas and must include a schedule of finishes.

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

Applicant signature: _____ Date: ____ / ____ / 20 ____