

Application for Plan Assessment Health Premises

knox
your city



Public Health and Wellbeing Act 2008

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 plan showing all areas of the premises 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_____